

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0750018536

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: Milton Enterprises INC Date: 10-03-07

Site Address: Lot 6 Ben Woods Subdivision Phone: 910-303-1967

Directions to job site from Lillington: Hwy 210 South 4 miles from Lillington on Left Ben Woods

Subdivision: Ben Woods Subdivision Lot: 6

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 130,000 Description of Proposed Work: Start to Finish
Heated SF 1501 Unheated SF 808 Finished Rec Room? Crawl Space Slab ()

General Contractor Information Building Cost \$ _____

Thomas Construction 910-893-8950
Building Contractor's Company Name Telephone

311 W Front St Lillington, NC 17963
Address License #

[Signature] Must sign second page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information Elec Cost \$ 5,000
Description of Work Rough in - Trim out Service Size: 200 Amps #TPoles 1

Travis Dawson Electric 919-552-0246
Electrical Contractor's Company Name Telephone

136 Thornburg Ln Fuquay Varina, NC 27526 25948-L
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ 5,200
Description of Work Rough in - Trim out # Units 1

J+M Heating + Air 910-897-5501
Mechanical Contractor's Company Name Telephone

724 Burlington Rd, Dunn, NC 28334 17164
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ 4,800
Description of Work Rough in - Trim out # Baths 2

Wagner Plumbing 910-891-8114
Plumbing Contractor's Company Name Telephone

[Signature] 07674
Address License #

P.O. Box 494 Mamas, NC
Signature of Officer(s) of Corporation

Insulation Permit Information

Tri City Insulation 910 466-6855
Insulation Contractor's Company Name & Address Telephone

418 Person Street
Fayetteville, NC 28301

Commercial Jobs must fill out this portion	
<u>Sprinkler System Information</u>	
<hr/> Sprinkler Contractor's Company Name	<hr/> Contact & Telephone
<hr/> Address	<hr/> License #
<hr/> Signature of Officer(s) of Corporation	
<u>Fire Alarm System Information</u>	
<hr/> Fire Alarm Contractor's Company Name	<hr/> Contact & Telephone
<hr/> Address	<hr/> License #
<hr/> Signature of Officer(s) of Corporation	
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?	
Yes	No

Homeowners Applying to Build Their Own Home	
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.	
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)	
1. Do you own the land on which this building will be constructed?	___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	___ yes ___ no
3. Do you intend to directly control & supervise construction activities?	___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?	___ yes ___ no
<hr/> Sign & date	

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- _____ General Contractor
- _____ Owner
- _____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- _____ Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- _____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- _____ Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

Sign/Title: _____

Date: _____

Plan Box Number F-9

Job Name MILTON ENTERPRISE

Date: 10-3-07

Required Inspections for SFA/SFD *

Appl. # 0750018536
Valuation \$127,409
Sq. Feet 1961

Sequence

10	✓	R* Bldg. Footing
10-30	✓	R* Elec. Temp Service Pole
20	✓	R* Building Foundation
20	✓	Address Confirmation
30-999	✓	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	✓	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50		R* Insulation
60	✓	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	✓	Envir. Operations Permit

0750018536

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

Today's Date <u>10/24/07</u>	Fees Due:	Deposit, Owner, Water \$25	Connection Fee,
		Deposit, Owner, Sewer \$25	all accounts: \$15
Date Service Requested _____		Deposit, Rental, Water \$50	
		Deposit, Rental, Sewer \$50	Meter Fee: \$70/meter

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Please Print:

Service Address: 108 Ben Ct Landlord _____

Name: Stephen Milton / Milton Enterprises

Co- Applicant Name: _____

Mailing Address: 58 Oak St

Town Lillington State NC Zip 27546

Phone Number 910-303-1967

Previous Address: _____

Customer's Social Security # _____ Co-App's Social Security # _____

Customer's Drivers License Number & Birthdate _____

Co-Applicant's Drivers License Number & Birthdate _____

Employer _____

Employer's Address _____

Employer's Phone Number _____

Co- Applicant's Employer and Phone Number _____

Name of Nearest Relative _____ Phone Number _____

Mailing Address _____

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Mattitt [Signature] CID: _____ / LID: _____

Amt Paid _____	Cash: _____	Check: _____	Account # <u>106607 / 86950</u>
Account # Transferred From: _____	Date To Turn Off _____		
Address of Transferred Acct _____	Turn On: _____	Read Only: _____	Install _____