

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Milton Enterprises, Inc Date 1-9-12
Site Address _____ Phone 910, 303 1967
Directions to job site from Lillington TAKE 421 S to Dunn, Turn left ON ELLIS AVE ELLIS WILL BECOME 301 NORTH. THEN STAY ON 301 TOWARDS BENSON TURN RT ON HOBSON TURN RT ON LAKE RD S/D IS ON left
Subdivision (WADE POINTE) Lot 9
Description of Proposed Work NEW SFD # of Bedrooms 3
Heated SF 2,268 Unheated SF 9755 Finished Bonus Room? YES Crawl Space Slab

General Contractor Information

THOMAS CONSTRUCTION 910 893 8950
Building Contractor's Company Name Telephone
229 DAK ST, Lillington, NC 27546
Address Email Address
17963
License #

Electrical Contractor Information

Description of Work NEW Service Size 200 Amps T-Pole Yes No
DAWSON'S ELECTRIC, INC 919 201 3841
Electrical Contractor's Company Name Telephone
2081 Cokesbury Rd, Fuquay Varina, NC 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work NEW HEAT PUMP
JAM Heating & Air 910, 897 5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd, Coats, NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work NEW / SEPTIC # Baths 2.5
Wagner Plumbing, Inc 910 893 3050
Plumbing Contractor's Company Name Telephone
PO BOX 494, MAMERS, NC 27552
Address Email Address
07674
License #

Insulation Contractor Information

Insulating Inc 1212 HOME CT, RALEIGH, NC 27603 919 772, 9000
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

C. T. Thomas, Jr.
Signature of Owner/Contractor/Officer(s) of Corporation

1-10-12
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no 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

Company or Name Thomas Construction

Sign w/Title C T Thomas, Jr Date 1 10-12