

09/09/11

Application #

1250028988

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

A4

Owner's Name MILTON Enterprises, INC. Date 5/30/12
Site Address 84 Compass Landing Phone 910.303.1967
Directions to job site from Lillington TAKE 421 S TO DUNN. TURN LT. ON ELLISS AVE. TAKE 301 N. towards BENSON. TURN RT. ON HOBSON RD. TURN RT. AT STOP SIGN. WADE POINTE S/O is 1/8 mile on LT.
Subdivision WADE POINTE Lot 4
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 4
Heated SF 2,363 Unheated SF 420 Finished Bonus Room? YES Crawl Space Slab

General Contractor Information

THOMAS CONSTRUCTION 910.893.8950
Building Contractor's Company Name Telephone
229 OAK ST., Lillington, NC 27546
Address Email Address
17963
License #

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole Yes No
DAWSON'S ELECTRIC, INC. 919.201.3841
Electrical Contractor's Company Name Telephone
208 2081 COKESBURY RD. Fuquay-Varina 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION / HEAT PUMP
Johnson & Co., INC. 910.824.4256
Mechanical Contractor's Company Name Telephone
2007 HORSESHOE BEND RD., ERWIN, NC 28339
Address Email Address
30052
License #

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION / SEPTIC # Baths 3
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

TATUM INSULATION 919.661.7255
Insulation Contractor's Company Name & Address Telephone
519 OLD DRUG STORE RD., GARNER NC 27529

*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

5/30/12
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 5/30/12

Plan Box # A4

Date 5-21-12

Job Name Milton Enterprises

App # 1250028988

Valuation 184974

SQ Feet 2847

Inspections for SFD/SFA

Crawl

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____