

09/09/11

Application #

1250029538

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 8/9/12

Site Address 111 COMPASS LANDING, DUNN 28336 Phone 910.303.1967

Directions to job site from Lillington TAKE HWY 421 S. to Dunn. Turn left on ELLIS AVE. TAKE 301 N. towards BENSON. TURN RIGHT ON HOBSON RD. TURN RIGHT ON LANE RD AT STOP SIGN. WADE POINTE S/D 1/4 mile ON LEFT

Subdivision WADE POINTE Lot 7

Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 3

Heated SF _____ Unheated SF _____ Finished Bonus Room? Crawl Space Slab _____

General Contractor Information

MILTON BUILDERS
Building Contractor s Company Name

910.303.1967
Telephone

3205 Hwy 421 N. Lillington, NC 27546
Address

Email Address

72052
License #

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole Yes No

DAWSON'S ELECTRIC, INC.
Electrical Contractor s Company Name

919.201.3841
Telephone

3754 Cokesbury Rd., Fugazy Varina, NC 27526
Address

Email Address

25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work Johnson + Co. Inc. HEAT PUMP

Johnson + Co., Inc.
Mechanical Contractor s Company Name

910.824.4254
Telephone

2007 Horseshoe Bend Rd., ERWIN, NC 28339
Address

Email Address

30052
License #

Plumbing Contractor Information

Description of Work SEPTIC TANK # Baths 2.5

WAGNER PLUMBING, INC.
Plumbing Contractor s Company Name

910.893.3050
Telephone

PO Box 494, MAMERS, NC 27552
Address

Email Address

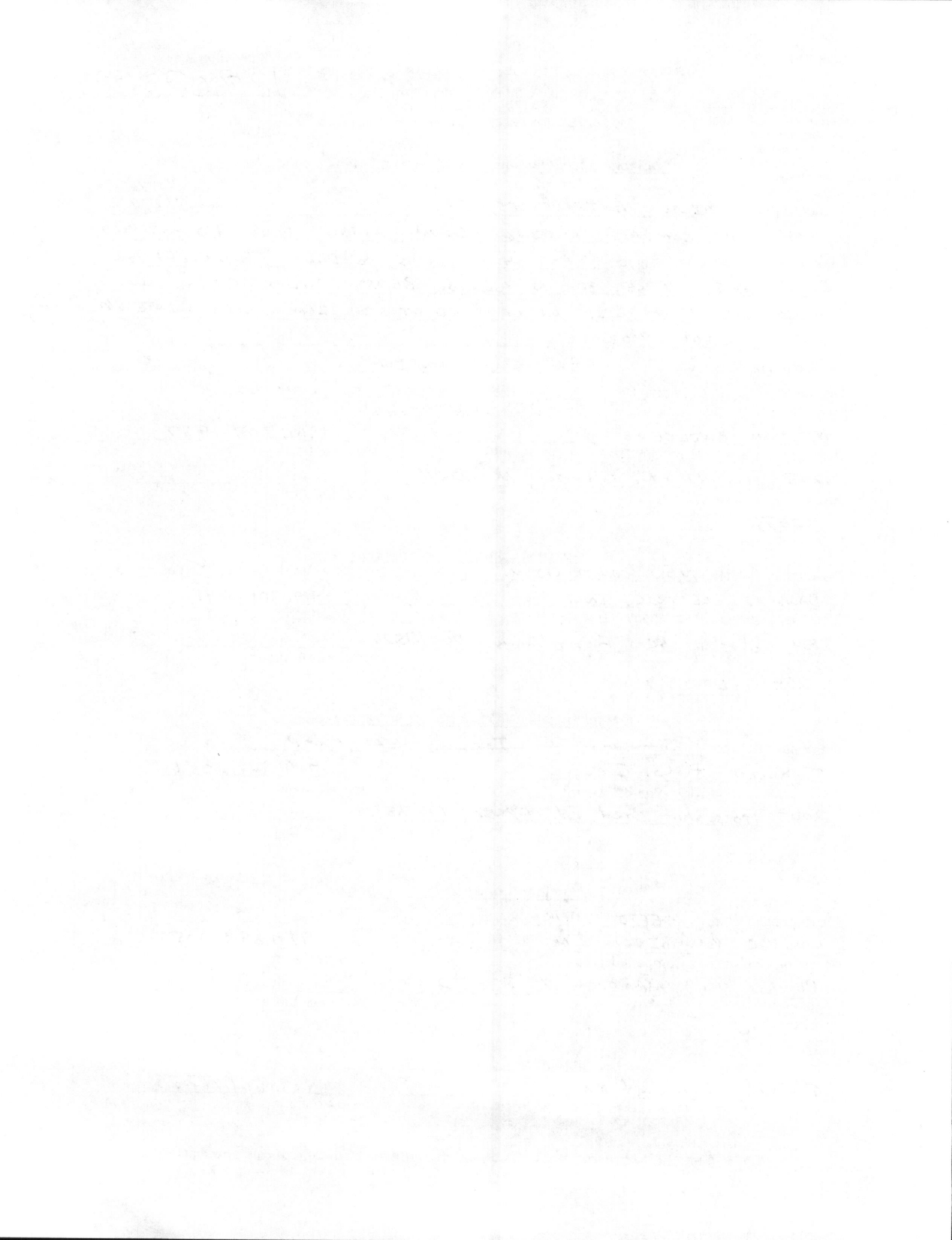
07674
License #

Insulation Contractor Information

FATUM INSULATION
Insulation Contractor s Company Name & Address

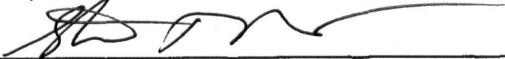
919.661.7255
Telephone

*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



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

8/9/12

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 MILTON BUILDERS, LLC.

Sign w/Title MEMBER/MANAGER Date 8/9/12