

09/09/11

Application #

38154

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 Tim + PAMELA OAKLEY - LISK Date 11-28-16  
Site Address Lot 5 RAVEN RIDGE S/D (RIVER RD) Phone \_\_\_\_\_  
Directions to job site from Lillington \_\_\_\_\_

Subdivision RAVEN RIDGE Lot 5  
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 3  
Heated SF 2,490 Unheated SF 946 Finished Bonus Room? YES Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

MILTON BUILDERS, LLC. 910.303.1967  
Building Contractor's Company Name Telephone  
3183 us 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 919.201.3841  
Electrical Contractor's Company Name Telephone  
609 COTTON RD, F.V. NC 27526  
Address Email Address  
25948-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
CAPE FEAR HVAC 910.483.8790  
Mechanical Contractor's Company Name Telephone  
1139 ROBESON ST., FAYETTEVILLE, NC  
Address 28305 Email Address  
30052  
License #

**Plumbing Contractor Information**

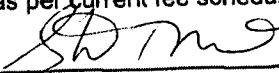
Description of Work NEW CONSTRUCTION # Baths 2.5  
WAGNER PLUMBING, INC 910.890.2299  
Plumbing Contractor's Company Name Telephone  
555 TIRZAH DR., LILLINGTON, NC 27546  
Address Email Address  
31576  
License #

**Insulation Contractor Information**

FRIENDS INSULATION 919.291.2438  
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

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

11-28-16  
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

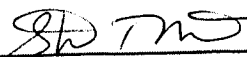
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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  MANAGER Date 11-28-16