

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: Milton Enterprises, Inc. | Date: 01-26-2021 |
|--|---|
| Site Address: 742 River Road, Fuguay-Varina | |
| Subdivision: Lot 7 Raven Ridge | Lot: 7 |
| Description of Proposed Work: New SFD | |
| General Contractor Informatio | <u>n</u> |
| Milton Builders, LLC Building Contractor's Company Name | 9(0.890.0555 Telephone |
| P.O. Box 451, Lillington, NC 27546 Address | andrew@miltonbuilthomes.com Email Address |
| 72052 HEATED SQ FT3,058 GARAGES | OF 521 |
| Electrical Contractor Information | on |
| Description of Work New SFD Service Size: | |
| Dawson's Electric, Inc Electrical Contractor's Company Name | 919, 552.0246 |
| And the state of the control of the state of | Telephone |
| Address Address | Email Address |
| 25948-L License # | |
| Mechanical/HVAC Contractor Inform | nation |
| Description of Work New SFD | |
| 5+ M Heating and Air Conditioning Mechanical Contractor's Company Name | 910.897.5501 Telephone |
| 724 Turlington Road, Dunn, NC 28334 Address | Email Address |
| 17164 License # | |
| Plumbing Contractor Information | <u>on</u> |
| Description of Work New SFD | # Baths_3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Camden's Plumbing + Repair, Inc. Plumbing Contractor's Company Name | 919. 669. 4650 Telephone |
| P.D. Box 1359, Fuquey-Varina, NC 27526 Address | Email Address |
| <u>18903 - P\</u> License # | |
| Insulation Contractor Information | <u>on</u> |
| Friends Insulation - 2001 Blount Creek Estate, Clayton Insulation Contractor's Company Name & Address ALC 27520 | 7 <u>919.291.2438</u> Telephone |

*NOTE: General Contractor / owner 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.

And W. Multo-Signature of Owner/Contractor/Officer(s) of Corporation

| 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. |
| Sign W/Title: Ann W. Nos, Project Manager Date: 01/26/2021 |

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1389251

Filed on: 01/26/2021

Initially filed by: MiltonBuiltHomes

Designated Lien Agent

Project Property

First American Title Insurance Company

Online: www.liensnc.com (strosopotector rone) Address: 223 5. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-590-7384

Fax: 913-489-5231

Owner Information

Milton Built Homes, LLC

Email: support@liensnc.com (muse suppossification com)

Lot 7 Raven Ridge 742 River Road Fuquay-Varina, NC 27526 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

P.O. Box 451 01/26/2021 Lillington, NC 27546

United States Email: andrew@miltonbuilthomes.com

Phone: 910-890-0555

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384