

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

on on license.	, /	
Owner's Name: Elonda Hrcks Site Address: 96 Crepe Myrtle lane, En	Date: 2/18/21	
Site Address: 96 Crepe Myrtle lane, En	10 Phone: 910-678-2552	
Subdivision:	Lot:	
Description of Proposed Work: new construction	Total Job Cost: 4 465,000	
General Contractor Information		
Mill Town Builders	919-820-1273	
Building Contractor's Company Name	919-820-1273 Telephone	
90 Pump Statron Ad Erwin NC	milltown builderse gmail.com	
Address		
## HEATED SQ FT 3385 GARAGE SQ FT 609		
Description of Work New dwelling Service Size: 200 Amps T-Pole: Ves No		
Description of Work New dwelling Service Size:	→00 Amps T-Pole: Ves No	
Joson Pope Electrical Electrical Contractor's Company Name	919-830-0837 Telephone	
Electrical Contractor's Company Name	Telephone	
81 Braver Creek Dr Dunn NC Address	Email Address	
	Email Address / /	
27284-U License #		
Mechanical/HVAC Contractor Information		
Description of Work <u>New Jwelling</u>		
As a company of the same of th	010-2412-2411	
Mechanical gontractor's Company Name	910 - 242 - 2941 Telephone (1/11/27 a gmall, com Emeil Address	
100 N 13th St Ervin NC	dill 727 a amul com	
Address	Emeil Address	
185724-3-1		
License #		
Plumbing Contractor Informatio		
Description of Work new dwelling	#Baths 877	
Plumbing Contractor's Company Name	1919 - 820 - 1-134 Telephone bsohurdson@gmail.com Email Address	
	Telephone	
2 Atlantic Ave Benson VC	bsohurdison@amail.com	
Address	Email Address	
39246 License #		
Insulation Contractor Information	n	
	910-728-8195	
Insulation Contractor's Company Name & Address	Telephone	
Fay leville		

*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.

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

2/19/21

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 insu	rance to cover	
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:Date:	19/2/	