

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

| Application # |
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Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: Milton Built Homes, LLC | Date <u>2-20-25</u> |
|--|---|
| Site Address: 9467 NC 42, Holly Springs, NC 27540 | Phone 910, 890,0555 |
| Cubditioione | Lot |
| Description of Description (1947) | Total Job Cost 350,000 |
| General Contractor Informat | ion_ |
| Milton Built Homes, LLC | 910.890.0555 |
| Building Contractor's Company Name | Telephone |
| PO Box 451, Lillington, NC 27546 Address | andrew@miltonpnterprisesinc.com Email Address |
| Eicense # HEATED SQ FT 2092 GARAGE | SQ FT 448 |
| Electrical Contractor Information | <u>tion</u> e: <u>⊇00_</u> Amps_T-Pole: <u>✓</u> YesNo |
| Patrick Electrical Contractors, LLC Electrical Contractor's Company Name | 910.893.5774 |
| - | Telephone |
| Address | tommypatricK910@gmail.com Email Address |
| 04910 | |
| License # Mechanical/HVAC Contractor Info | rmation |
| Description of Work New SFD | - Thataon |
| 34M Heating and Air Condition Co., Inc. Mechanical Contractor's Company Name | 910.897.5501 |
| | Telephone |
| 724 Turlington Road, Dunn, NC 28334 Address | Email Address |
| 17164 | Linaii Addiess |
| License # | |
| Plumbing Contractor Informat | |
| Description of Work New SFD | |
| Camdens Plumbing 4 Repair, Inc. Plumbing Contractor's Company Name | <u>919-557-1584</u> Telephone |
| 7229 Oak Village Way, Fuguay-Varina, NC 27526 Address | Email Address |
| 18903 | Email Address |
| License # | |
| Insulation Contractor Information | |
| Friends Insulation, LLC 2001 Blount Creek Est., Clayton, NC Insulation Contractor's Company Name & Address 27520 | <u>9/9.29(</u> |
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*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.

| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: |
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| 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: Amother W. Mitter, Project Manager Date: 2/20/25 |