



Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Milton Built Homes, LLC Date: 07/27/2020
Site Address: 646 Christian Light Rd., Fuquay-Varina, NC 27526 Phone: 910.890.0555
Subdivision: Milton Enterprises, Inc. Lot: 4
Description of Proposed Work: New SFD Total Job Cost: _____

General Contractor Information

Milton Builders, LLC 910.890.0555
Building Contractor's Company Name Telephone
P.O. Box 451, Lillington, NC 27546 andrew@miltonbuilthomes.com
Address Email Address
72052
License #

Electrical Contractor Information

Description of Work New SFD Service Size: 400 Amps T-Pole: Yes No
Dawson's Electric, Inc. 919.552.0246
Electrical Contractor's Company Name Telephone
280 Jarco Road, Fuquay-Varina, NC 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
J+M Heating and Air 910.897.5501
Mechanical Contractor's Company Name Telephone
724 Turlington Road, Dunn, NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 3 1/2
Camden's Plumbing & Repair, Inc. 919.669.4650
Plumbing Contractor's Company Name Telephone
P.O. Box 1359, Fuquay-Varina, NC 27526
Address Email Address
18903 - P1
License #

Insulation Contractor Information

Friends Insulation 2001 Blount Creek Estate, 919.291.2438
Insulation Contractor's Company Name & Address Telephone
Clayton, NC 27526

*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.

Amd W. Mitt
Signature of Owner/Contractor/Officer(s) of Corporation

07/27/2020
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.

Sign w/Title: Amd W. Mitt, Project Manager Date: 07/27/2020