



Application # \_\_\_\_\_

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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Milton Enterprises, Inc. Date 06-10-2021  
Site Address: Lot # 8 Raven Ridge Phone 910.890.0555  
Subdivision: Raven Ridge Lot 8  
Description of Proposed Work: New SFD Total Job Cost \_\_\_\_\_

**General Contractor Information**

Milton Builders, LLC 910.890.0555  
Building Contractor's Company Name Telephone  
PO Box 451, Lillington, NC 27546 andrew@miltonbuilthomes.com  
Address Email Address  
72052 **HEATED SQ FT** 2927 **GARAGE SQ FT** 993  
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 Rd., Fuquay-Varina, NC 27526 \_\_\_\_\_  
Address Email Address  
25948-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD  
J+M Heating and Air Conditioning 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  
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, Clayton, NC 910.291.2438  
Insulation Contractor's Company Name & Address Telephone 27520

**\*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

\_\_\_\_\_  
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: \_\_\_\_\_ Date: \_\_\_\_\_



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.

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*And W. [Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

06-10-2021  
Date

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Sign w/Title: *And W. [Signature], Project Manager*

Date: 06-10-2021