



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

Application for Residential Building and Trades PermitOwner's Name: Richard Weber Date: 7-18-25Site Address: 173 Mamie Upchurch Rd., Lillington, NC 27546 Phone: 203.788.2724

Subdivision: _____ Lot: _____

Description of Proposed Work: New SFD Total Job Cost: \$650,000**General Contractor Information**Milton Built Homes, LLC

Building Contractor's Company Name

P.O. Box 451, Lillington, NC 27546

Address

87180

License #

HEATED SQ FT 3480 GARAGE SQ FT 1281910.890.0555

Telephone

andrew@miltonenterprisesinc.com

Email Address

Electrical Contractor InformationDescription of Work New SFD Service Size: 400 Amps T-Pole: ☐ Yes ☐ NoMabry's Electrical Service, Inc.

Electrical Contractor's Company Name

731 Mabry Rd., Angier, NC 27501

Address

LA.15077

License #

919.868.6012

Telephone

johnnie@mabryelectrical.com

Email Address

Mechanical/HVAC Contractor InformationDescription of Work New SFDJ+M Heating and Air Condition Co., Inc.

Mechanical Contractor's Company Name

724 Turlington Road, Dunn, NC 28334

Address

17164

License #

910.897.5501

Telephone

Email Address

Plumbing Contractor InformationDescription of Work New SFD # Baths 3 1/2Camden's Plumbing & Repair, Inc.

Plumbing Contractor's Company Name

7229 Oak Village Way, Fuquay-Varina, NC 27526

Address

18903

License #

919.557.1584

Telephone

Email Address

Insulation Contractor InformationFriends Insulation, 2001 Blount Creek Est., Clayton, NC 27520 919.291.2438

Insulation Contractor's Company Name & Address

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.

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

7-18-2025
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: Project Manager Date: 7-18-25