



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: Habitat For Humanity of Harnett Co. Date 10/10  
Site Address: 60 Gladiola Dr. Spring Lake, NC Phone 919-616-9450  
Subdivision: Rolling Springs Lot 186  
Description of Proposed Work: Single Family Dwelling Total Job Cost \$146,350.10

**General Contractor Information**

Mill Town Builders LLC Telephone 919-820-1273  
Building Contractor's Company Name  
702 Lucas St Erwin NC 28339 milltownbuilders@gmail.com  
Address Email Address  
83744 HEATED SQ FT 1370 GARAGE SQ FT Ø  
License #

**Electrical Contractor Information**

Description of Work Wire New Single Family Service Size: 200 Amps T-Pole:  Yes  No  
Patrick Electrical Contractors LLC Telephone 910-893-5774  
Electrical Contractor's Company Name  
1309 N Main St, Lillington NC 27546 tommy.patrick.910@gmail.com  
Address Email Address  
1104910  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC New Single family Dwelling  
Bearley's Heating & Air-TNC Telephone 919-844-2385  
Mechanical Contractor's Company Name  
57 W Bearley LN Coats NC 27321 N/A  
Address Email Address  
L09497  
License #

**Plumbing Contractor Information**

Description of Work New plumbing SFP # Baths 2  
Wesley David Dailay Telephone 919-816-6552  
Plumbing Contractor's Company Name  
3019 Plainview Church Rd. Angier NC N/A  
Address Email Address  
L27929 P.1 27501  
License #

**Insulation Contractor Information**

Volunteers Telephone 919-616-9450  
Insulation Contractor's Company Name & Address

\*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.

*Carl Blum*  
Signature of Owner/Contractor/Officer(s) of Corporation

10-10-2024  
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: *Carl Blum, Executive Director* Date: 10/10/24