



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 Built Homes, LLC Date 2/20/25
Site Address: 9481 NC 42, Holly Springs, NC 27540 Phone 910.890.0555
Subdivision: _____ Lot _____
Description of Proposed Work: New SFD Total Job Cost 350,000

General Contractor Information

Milton Built Homes, LLC Telephone 910.890.0555
Building Contractor's Company Name
PO Box 451, Lillington, NC 27546 Email Address andrew@miltonenterprisesinc.com
Address
87180 HEATED SQ FT 2092 GARAGE SQ FT 448
License #

Electrical Contractor Information

Description of Work New SFD 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 Email Address tommy.patrick910@gmail.com
Address
04910
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work New SFD # Baths 2 1/2
Camden's Plumbing & Repair, Inc. Telephone 919.557.1584
Plumbing Contractor's Company Name
7229 Oak Village Way, Fuquay-Varina, NC 27526 Email Address _____
Address
18903
License #

Insulation Contractor Information

Friends Insulation, LLC 2001 Blount Creek Est, Clayton, NC 27520 Telephone 919.291.2438
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.

Amel W. N.
Signature of Owner/Contractor/Officer(s) of Corporation

2/20/25
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: *Amel V. M.*, Project Manager Date: 2/20/25