



*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: D.R. Horton Inc./Ally Moss Date: 10/07/21

Site Address: RED CEDAR WAY PIN 0653-65-9954.000 Phone: 919-407-2037

Description of Proposed Work: NSFD Model home 2 car garage conversion to sales office adding interior wall to separate 2 sales desks. We will be adding additional lighting, outlets & data; a mini split for AC. Building a closure around water heater. Customers will have access to A ADA porta john between parking lot and model sales office.

General Contractor Information: Building Cost \$ 5,500.00

D.R. Horton Inc.

919-407-2037

Building Contractor's Company Name

Telephone

2000 Aerial Center Parkway Ste. 110A, Morrisville NC 27560

aaerving-young@drhorton.com

Address

Email Address

Ally Moss

29676

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

License #

Electrical Contractor Information: Electrical Cost \$ 3,750.00

Description of Work NSFD-Sales office Service Size: 200 Amps #T-Poles 1

Imperial Electric

919-363-7474

Electrical Contractor's Company Name

Telephone

837 Perry Road, Apex NC 27502

office@imperial-electricinc.com

Address

Email Address

John Campomizzi

19850L

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

License #

Mechanical Contractor Information: Mechanical Cost \$ 3,250.00

Description of Work NSFD-Sales office mini split # Units mini-split

Romanoff Heating & Cooling

919-848-4652

Mechanical Contractor's Company Name

Telephone

3006 Industrial Drive Raleigh NC 27609

jarmstrong@romanoffgroup.cc

Address

Email Address

Jason Armstrong

22375

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

License #

Insulation Contractor Information

TriCity Insulation 7204 Becky Circle, Raleigh NC 27615

919-790-9684

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name <u>N/A</u>	Telephone _____
Address _____	Email Address _____
Signature of Officer(s) of Corporation _____	License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name <u>N/A</u>	Telephone _____
Address _____	Email Address _____
Signature of Officer(s) of Corporation _____	License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

<u>Ally Moss</u>	<u>10/7/21</u>
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: <u>Ally Moss/Permits/Starts Coordinator</u>	Date: <u>10/7/21</u>
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