*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
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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: D.R. Horton Inc. Date: 10/7/25

Site Address: 34 Discovery Way Lot 1 Phone: 984-327-8357

Directions to job site from Lillington: _____

Subdivision: Cross Creek Lot: 1

Description of Proposed Work: Temporary Sales Center/Office

Heated SF 2804 Unheated SF 415

General Contractor Information: Building Cost $ 198,923

D.R. Horton Inc. — Building Contractor's Company Name
984-327-8357 — Telephone
2000 Aerial Center Pkwy Ste. 110-A Morrisville NC 27560 — Address
jnupchurch@drhorton.com — Email Address
Signature of Owner/Contractor/Officer(s) of Corporation
29676 — License #

Electrical Contractor Information: Electrical Cost $ _____

Description of Work New Construction Install Service Size: 200 Amps #T-Poles 1

Carolina Electric Residential, LLC — Electrical Contractor's Company Name
919-363-7474 — Telephone
510 Upchurch St. Ste. 2 Apex, NC 27502 — Address
lpiccolino@carolinaelectricresidential.com — Email Address
Signature of Owner/Contractor/Officer(s) of Corporation
19850L — License #

Mechanical Contractor Information: Mechanical Cost $ _____

Description of Work New Construction Install # Units 1

Carolina Comfort Air — Mechanical Contractor's Company Name
919-550-7711 — Telephone
703 N. Clinton Ave. Dunn NC 28334 — Address
RNC_Permits@comfortair.com — Email Address
Signature of Owner/Contractor/Officer(s) of Corporation
29077 — License #

Plumbing Contractor Information: Plumbing Cost $ _____

Description of Work New Construction # Baths _____

C&M Plumbing — Plumbing Contractor's Company Name
919-658-6109 — Telephone
5427 US 117 S. Alt. Mt. Olive, NC 28365 — Address
annmarie@cmplumbingseptic.com — Email Address
Signature of Owner/Contractor/Officer(s) of Corporation
L.19887 — License #

Insulation Contractor Information

Tatum Insulation II, Inc. 519 Old Drug Store Rd.Garner NC 27529 — Insulation Contractor's Company Name & Address
919-661-0999 — Telephone

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

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Officer(s) of Corporation _____ License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____ 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.

Jennifer Upchurch _____ 10/7/25

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 __X__ 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:

__X__ 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.

Company or Name: D.R. Horton Inc.

Sign w/Title: Jennifer Upchurch Permit Coordinator Date: 10/7/25