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CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL LAND USE APPLICATION

SITE ADDRESS: 216 Delmoo Drive PIN: 0665-30-6576.000

LANDOWNER Eagle Creek Community Mailing Address: 2000 Aerial Center Pkwy Ste. 110-A

City: Morrisville State: NC Zip: 27560 Phone: 984-327-8357 Email: jnupchurch@drhorton.com

*Please fill out applicant information if different than landowner.

APPLICANT: Jennifer Upchurch Mailing Address: same as above

City: _____ State: _____ Zip: _____ Phone: _____ Email: jnupchurch@drhorton.com

PROPOSED USE:

- Multi-Family Dwelling: # Units: _____ # Bedrooms/Unit: _____
- Business: SQ. FT.: Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Daycare: # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry: SQ. FT.: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church: Seating Capacity: _____ # Bathrooms: _____ Kitchen: Yes No
- Sign: (Size _____ x _____) Type: _____ Illuminated: Yes No If yes, Internal External
- Accessory/Addition/Other: (Size 8 x 8) Use: Mailbox Kiosk/Shelter

UTILITIES:

Water Supply: County Existing Well New Well (# of facilities using well _____)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer

(Complete Environmental Health Checklist on other side of application if Septic is selected)

COMMENTS: N/A

If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Jennifer Upchurch
Signature of Owner or Owner's Agent

1/5/25
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

APPLICATION CONTINUES ON BACK



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COMMERCIAL BUILDING APPLICATION

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

Site Address: 216 Delmoor Drive PIN: 0665-30-6576.000
Owner: Eagle Creek Community Assoc. Inc. Phone: 984-327-8357 Email: jnupchurch@drhorton.com
Description of Proposed Work: Mailbox Kiosk /Shelter Total Job Cost: \$ 12,703

GENERAL CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

D.R. Horton Inc. T/A Emerald Homes 984-327-8357
General Contractor's Company Name Phone
2000 Aerial Center Pkwy Ste. 110-A Morrisville NC 27560 jnupchurch@drhorton.com
Address Email
29676 Jennifer Upchurch \$ 12,703
License # Signature of Owner/Contractor/Officer of Corp. **Building Cost** (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Poles: YES NO
Electrical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ _____
Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____ # of Units: _____
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ _____
Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Baths: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ _____
Plumbing Cost

REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____

APPLICATION CONTINUES ON BACK



SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Jennifer Upchurch
Signature of Owner/Contractor/Officer of Corp.

1/5/26
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

Does 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 3 or more employees and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Jennifer Upchurch
Signature of Owner/Contractor/Officer of Corp.

1/5/26
Date