

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Hamett County Central Permitting  
 PO Box 65 Lillington, NC 27546  
 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application # \_\_\_\_\_

**Application for Residential Building and Trades Permit**

Owner's Name: D. R. Horton, Inc. Date: 2/19/13  
 Site Address: 97 Stonehurst Dr Spring Lake, NC Phone: 919 460-2933  
 Directions to job site from Lillington: Highway 210 S to Spring Lake Rd. on  
Overhills Rd - Subdivision on Rt. before 1st PA.

Subdivision Stonedcross Lot: 10.3  
 Description of Proposed Work: Single Family Residence # of Bedrooms: 3  
 Heated SF: 2775 Unheated SF: 789 Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

D. R. Horton, Inc. Building Contractor's Company Name  
2000 Bevil Center Pkwy Surtell Address  
Charlotte NC 27500  
Melissa Guy Signature of Owner/Contractor/Officer(s) of Corporation  
919 460-2933 Telephone  
mmguy@d.rhorton.com Email Address  
35822 License #

**Electrical Contractor Information**

Description of Work New Construction Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Imperial Electric Electrical Contractor's Company Name  
P.O. Box 162 Apex NC 27502 Address  
George Jenkins Signature of Owner/Contractor/Officer(s) of Corporation  
919 363-7474 Telephone  
Campanozzie@mindspring.com Email Address  
19850 L License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
Ym Plumbing Mechanical Contractor's Company Name  
615 Bealin St. Kenesville NC 27541 Address  
Dan Martin Signature of Owner/Contractor/Officer(s) of Corporation  
336-993-1925 Telephone  
dmartin@ymplumbing.com Email Address  
23529 License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths 3.5  
Ym Plumbing Plumbing Contractor's Company Name  
615 Bealin St. Kenesville NC 27541 Address  
Dan Martin Signature of Owner/Contractor/Officer(s) of Corporation  
333-993-1925 Telephone  
dmartin@ymplumbing.com Email Address  
23529 License #

**Insulation Contractor Information**

York Insulation 519 Old Buge Store Rd. Insulation Contractor's Company Name & Address  
Waverly NC 27529 Telephone  
919 661-0999 Telephone

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

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? \_\_\_ Yes \_\_\_ No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? \_\_\_ Yes \_\_\_ No
3. Do you intend to directly control & supervise construction activities? \_\_\_ Yes \_\_\_ No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? \_\_\_ Yes \_\_\_ No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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 as per ~~permit fee schedule~~

Signature of Owner/Contractor/Officer(s) of Corporation: *Illissay*

Date: 2/19/13

### 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.

Company or Name: D. R. Horton, Inc.

Sign w/Title: *Illissay* Permits Date: 2/19/13