

* 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: 7/20/12
Site Address: 44 Slate Dr. Phone: 919 460-2933
Directions to job site from Lillington: Highway 210 S to Spring Lake Rd. on Overhills Rd - Subdivision on RT. before Ray Rd.

Subdivision Stonedcross Lot: 109
Description of Proposed Work: Single Family Residence # of Bedrooms: 4
Heated SF: 3018 Unheated SF: 634 Finished Bonus Room? NO Crawl Space: Slab:

General Contractor Information
Building Contractor's Company Name: D.R. Horton, Inc.
Address: 2000 Genial Center Pkwy Suite 110
Boonville NC 27800
Signature of Owner/Contractor/Officer(s) of Corporation: Melissa Guy

Telephone: 919 460-2933
Email Address: mmguy@d.r.horton.com
License #: 35800

Electrical Contractor Information
Description of Work: New Construction Service Size: _____ Amps T-Pole: Yes No
Electrical Contractor's Company Name: Imperial Electric
Address: P.O. Box 162 Apex NC 27502
Signature of Owner/Contractor/Officer(s) of Corporation: George Guilford

Telephone: 919 263-7474
Email Address: Campanozzie@mindspring.com
License #: 19850 L

Mechanical/HVAC Contractor Information
Description of Work: New Construction
Mechanical Contractor's Company Name: Ym Plumbing
Address: 615 Galin St. Kenneville NC 27281
Signature of Owner/Contractor/Officer(s) of Corporation: Dan Martz

Telephone: 336-993-1925
Email Address: dmartz@ymplumbing.com
License #: 23529

Plumbing Contractor Information
Description of Work: New Construction
Plumbing Contractor's Company Name: Ym Plumbing
Address: 615 Galin St. Kenneville NC 27284
Signature of Owner/Contractor/Officer(s) of Corporation: Dan Martz

Baths: 3.5
Telephone: 333-993-1925
Email Address: dmartz@ymplumbing.com
License #: 23529

Insulation Contractor Information
Insulation Contractor's Company Name & Address: York Insulation 519 Old Dues Store Rd. Boone NC 27529

Telephone: 919 661-0999

*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: *Missy* Date: 7/20/12

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: *Missy* Permits Date: 7/20/12

5/20/15

5/20/15