

Plan Box # F3

Date 2-24-12

Job Name DR Horton

App # 1250028428

Valuation 155022

SQ Feet 2386

**Inspections for SFD/SFA**

Crawl \_\_\_\_\_

Slab \_\_\_\_\_

Mono

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

\* 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 # 1250028428

**Application for Residential Building and Trades Permit**

Owner's Name: D. R. Houston, Inc. Date: 2/22/12  
Site Address: 56 Honeybrook Ct. Phone: 919 460 2937  
Directions to job site from Lillington: take Hwy 210 from Lillington to Hwy 24, take first left onto Hillman Grove, right onto Cypress Church Rd. Subdivision on left  
Subdivision: Cypress Pointe Lot: 28  
Description of Proposed Work: Single Family Residence # of Bedrooms: 3  
Heated SF.: 1935 Unheated SF.: 561 Finished Bonus Room? Yes Crawl Space: Slab

**General Contractor Information**

D. R. Houston, Inc.  
Building Contractor's Company Name  
2000 Aerial Center Pkwy Suite 110  
Address Monroeville NC 27560  
Am Scott Ramp  
Signature of Owner/Contractor/Officer(s) of Corporation  
Telephone 919 460 2937  
Email Address mhay@drhouston.com  
License # 35827

**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 Ginter  
Signature of Owner/Contractor/Officer(s) of Corporation  
Telephone 919 363 7474  
Email Address Campomizze@mindspring.com  
License # 19850 L

**Mechanical/HVAC Contractor Information**

Description of Work New construction  
Ym Plumbing  
Mechanical Contractor's Company Name  
615 Galin St. Kernersville NC 27281  
Address Dan Martin  
Signature of Owner/Contractor/Officer(s) of Corporation  
Telephone 336-993-1975  
Email Address dmartin@ymplumbing.com  
License # 23529

**Plumbing Contractor Information**

Description of Work New construction # Baths 3.5  
Ym Plumbing  
Plumbing Contractor's Company Name  
615 Galin St Kernersville NC 27284  
Address Dan Martin  
Signature of Owner/Contractor/Officer(s) of Corporation  
Telephone 333-993-1975  
Email Address dmartin@ymplumbing.com  
License # 23529

**Insulation Contractor Information**

York Insulation 519 Old Doug Stone Rd.  
Insulation Contractor's Company Name & Address Garner, NC  
Telephone 919 661-0999  
23529

\*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 current fee schedule.

Melissa El G  
Signature of Owner/Contractor/Officer(s) of Corporation

2/22/12  
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.

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

Sign w/Title: Melissa El G Permits Date: 2/22/12