

4-23-12

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

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

Application for Residential Building and Trades Permit

Owner's Name: D R Houston, Inc. Date: 7/19/12
Site Address: 109 Old Cypress Point Phone: 919 460 2933
Directions to job site from Lillington: take Hwy 210 from Lillington to Hwy 24 take first left onto Hillman Grove Church Rd. Subdivision on left
Subdivision: Cypress Point Lot: 11
Description of Proposed Work: Single Family Residence # of Bedrooms: 4
Heated SF: 2792 Unheated SF: 425 Finished Bonus Room? up Crawl Space: Slab:

General Contractor Information

D.R. Houston, Inc. Telephone: 919 460 2933
Building Contractor's Company Name
2000 Aerial Center Pkwy Suite 110 Email Address: mmaney@dshouston.com
Address Morrisville NC 27560
Am Scott Ramp License # 35822
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work: New Construction
Ym Plumbing Telephone: 336-993-1925
Mechanical Contractor's Company Name
615 Galin St. Kernersville NC 27284 Email Address: dmachineymplumbing.com
Address Danae Martin License # 23529
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work: New Construction # Baths: 3.5
Ym Plumbing Telephone: 333-993-1925
Plumbing Contractor's Company Name
615 Galin St Kernersville NC 27284 Email Address: dmachineymplumbing.com
Address Danae Martin License # 23529
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Yatom Insulation 519 Old Dues Store Rd. Telephone: 919 661-0999
Insulation Contractor's Company Name & Address Garner, NC
27529

*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

Date

4/17/12

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: Melissa El Guy Permits Date

4/17/12

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date _____	Contract Date _____	Fees Due:	Deposit, Owner, Water \$25	Set Up Fee,
			Deposit, Owner, Sewer \$25	all accounts: \$15
Date Service Requested _____			Deposit, Rental, Water \$50	
			Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 109 Old Cypress Pt.

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) D. P. Horton, Inc 919 460-2999

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>D. P. Horton, Inc</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>2000 Aerial Center Pkwy Suite 110 Morrisville NC 27560</u>			
SOCIAL SECURITY # OR TIN <u>75 2386963</u>	CONTACT PHONE # <u>919 460-2999</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.**

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature _____

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$45 Meter Fee \$70 Damage \$ _____ Other \$ _____

AMOUNT PAID: Cash \$ _____ Check \$ _____ Credit Card \$ _____

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: _____ LID: _____ WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____