

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

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

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: D. R. Horton, Inc. Date: 9/27/12
 Site Address: 128 Olde Cypress Pt. Phone: 919 460 2933
 Directions to job site from Lillington: take Hwy 210 from Lillington to Hwy 24 take first left onto Hillman Grove take right onto cypress church Rd. subdivision on left
 Subdivision: Cypress Point Lot: 22
 Description of Proposed Work: Single Family Residence # of Bedrooms: 3
 Heated SF: 1915 Unheated SF: 554 Finished Bonus Room? no Crawl Space: Slab:

General Contractor Information

D.R. Horton, Inc.
 Building Contractor's Company Name
2000 Aerial Center Pkwy Suite 110
 Address
Morrisville NC 27560
Mississippi
 Signature of Owner/Contractor/Officer(s) of Corporation
 Telephone: 919 460 2933
 Email Address: mmaney@d.rhorton.com
 License #: 35800

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 J. Smith
 Signature of Owner/Contractor/Officer(s) of Corporation
 Telephone: 919 263 7474
 Email Address: Campomizze & mindspur cor.
 License #: 19850 L

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

Yarm Insulation 519 Old Drug Store Rd.
 Insulation Contractor's Company Name & Address
Kernersville 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-Guy
Signature of Owner/Contractor/Officer(s) of Corporation

9/29/12
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-Guy Permits Date: 9/29/12

1915
895

Plan Box # A7

Date 4-26-12

Job Name DR Horton

App # 1250028796

Valuation 150084

SQ Feet 2310

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 _____