

\* 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. Houston, Inc. Date: 7/18/12  
 Site Address: 150 Olde Cypress Pt. 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 POINT Lot: 21  
 Description of Proposed Work: Single Family Residence # of Bedrooms: 4  
 Heated SF: 2763 Unheated SF: 631 Finished Bonus Room? yes Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

D.R. Houston, Inc. Telephone: 919 460-2937  
 Building Contractor's Company Name  
2000 Aerial Center Pkwy Suite 110 Email Address: mman e drhouston.com  
 Address  
Melissa Guy License #: 35827  
 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: Cam pomizzie e mindspur ca  
 Address  
George Gulin 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. Kennesawville NC 27281 Email Address: dmartin ymplumbing.com  
 Address  
Dan 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. Kennesawville NC 27284 Email Address: dmartin e ymplumbing.com  
 Address  
Dan Martin License #: 23529  
 Signature of Owner/Contractor/Officer(s) of Corporation

**Insulation Contractor Information**

Yokum Insulation Telephone: 919 661-0999  
 Insulation Contractor's Company Name & Address  
519 Old Dues Store Rd. Kary, 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

7/18/12  
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: 7/18/12