

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____

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

Application for Building and Trades Permit

Owner's Name: D.R. Horton, Inc. Date: 6/28/21
Site Address: 166 Kit Stewart Ln. Fuquay-Varina, NC Phone: (919) 460 - 2999
Directions to job site from Lillington: Two entrance monuments at Silver Maple Dr. & NC Hwy 401, and two entrance monuments at Red Cedar Way & Lafayette Rd.

Subdivision: Woodgrove Lot: Both Entrances

Description of Proposed Work: 6' ht. Entry Monument Signs (total of four monuments)

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 15,000.00 each (times four)

Clayton Constructors, Inc. dba Post Nursery 919-554-4002
Building Contractor's Company Name Telephone

8140 Mitchell Mill Rd., Zebulon, NC 27597 postclayton1994@gmail.com
Address Email Address

Justin Hooks NCLCLB CL#0093
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 1,600.00 each (times four)

Description of Work Meter Base & Panel Box Combo Service Size: _____ Amps #T-Poles _____

ESB Electric Company 919-876-4194
Electrical Contractor's Company Name Telephone

592 Dean Ave., Raleigh, NC 27616 esbelectric@gmail.com
Address Email Address

Scott Beverly 17674-L
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/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 charged at full price per current fee schedule.

Justin Hooks
Signature of Owner/Contractor/Officer(s) of Corporation

6/28/21
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: _____ Clayton Constructors Inc. dba Post Nursery

Sign w/Title: _____ *Justin Hooks* _____ Date: _____ 6/28/21