

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

**Woodgrove Amenity Center -
Pool Permit Application**

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: DR Horton Date: 10/21/2022

Site Address: Winterberry Way Fuquay-Varina, NC 27526 (PIN 0653-69-7051.000) Phone: 828-712-6004

Directions to job site from Lillington: _____

Subdivision: Woodgrove Amenity Center Lot: 281

Description of Proposed Work: Construction of 2,390 SQ FT (A-3) Seasonal Pool

Heated SF _____ Unheated SF 2,390

General Contractor Information: Building Cost \$ 115,000.00

D.Clugston Inc. 919-629-7290

Building Contractor's Company Name Telephone

2506 Reliance Ave Apex, NC 27539 joey@dclugston.com

Address Email Address

Joey Davis 59538-U

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

Electrical Contractor Information: Electrical Cost \$ 3,000.00

Description of Work Installation of all electrical items Service Size: _____ Amps #T-Poles _____

Brothers Electric Company 919-787-5558

Electrical Contractor's Company Name Telephone

6002 Triangle Dr. Suite B. Raleigh, NC 27617 brotherselectric@bellsouth.net

Address Email Address

11451U

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

Mechanical Contractor Information: Mechanical Cost \$ N/A

Description of Work _____ # Units _____

Telephone

Mechanical Contractor's Company Name Telephone

Email Address

Address Email Address

License #

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

Plumbing Contractor Information: Plumbing Cost \$ N/A

Description of Work _____ # Baths _____

Telephone

Plumbing Contractor's Company Name Telephone

Email Address

Address Email Address

License #

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

Insulation Contractor Information

N/A

Telephone

Insulation Contractor's Company Name & Address Telephone

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

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6002 Triangle Dr. Suite B. Raleigh, NC 27617 brotherselectric@bellsouth.net

Address Email Address

[Signature] 11451U

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

Mechanical Contractor Information: Mechanical Cost \$ N/A

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 \$ N/A

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

N/A _____

Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

N/A _____
 Sprinkler Contractor's Company Name Telephone _____

 Address Email Address _____

 Signature of Officer(s) of Corporation License # _____

Fire Alarm Contractor Information

N/A _____
 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.

Joey Davis

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

 10/21/2022
 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.Clugston Inc.

Sign w/Title: *Joey Davis* Date: 10/21/2022

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1809722

Filed on: 11/14/2022

Initially filed by: dclugston

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

PIN: 0653-69-7051.000
Winterberry Way
Fuquay-Varina, NC 27526
Harnett County

Property Type

Other

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

DR Horton
2000 Aerial Center Parkway
Suite 110
Morrisville, NC 27560
United States
Email: office@dclugston.com
Phone: 919-629-7290

Date of First Furnishing

01/02/2023

View Comments (0)

Technical Support Hotline: (888) 690-7384