

*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
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: D.R. Horton Inc. (Contact: Jonathan Alexis Cooper) Date: 10/9/2024

Site Address: 20 Fair Child Rd. Spring Lake, NC Phone: 336-339-0576

Directions to job site from Lillington: Head south on Mckinney Pkwy toward Alexander Dr.
(0.5 mi) turn right onto N Main St., (1.6 mi) turn right onto W Old Rd., (0.6 mi) turn left onto NC-27 W,
(8.4 mi) turn left onto Nursery Rd., (5 mi) turn right onto Calebs Cor Pl. ; arrive at Mason Ridge subdivision entrance.

Subdivision: Mason Ridge Lot: Nursery Rd. Frontage - Open Space

Description of Proposed Work: Mason Ridge subdivision freestanding masonry entrance monument with aluminum sign.
Decorative masonry wall and columns

Heated SF n/a Unheated SF n/a

General Contractor Information: Building Cost \$ 40,000

D.R. Horton Inc. (Contact: Jonathan Alexis Cooper) 336-339-0576

Building Contractor's Company Name Telephone

2000 Aerial Center Pkwy, Ste. 110, Morrisville NC 27560 jcooper1@drhorton.com

Address Email Address

Jonathan A. Cooper - DR Horton Raleigh South Entitlements Manager #29676

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

Electrical Contractor Information: Electrical Cost \$ 5000

Description of Work LV Decorative Lighting on Masonry Wall Service Size: 100 Amps #T-Poles 0

Imperial Electric ESB Electric Company Inc. 919-365-7474 919-876-4194

Electrical Contractor's Company Name Telephone

415 Upchurch Street, Apex NC 27502 Raleigh NC 27616 esbelectric@gmail.com

Address Email Address

Kimberly Beverly #19850 617674

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

Mechanical Contractor Information: Mechanical Cost \$ N/A

Description of Work N/A # Units N/A

N/A N/A

Mechanical Contractor's Company Name Telephone

N/A N/A

Address Email Address

N/A N/A

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

Plumbing Contractor Information: Plumbing Cost \$ N/A

Description of Work N/A # Baths N/A

N/A N/A

Plumbing Contractor's Company Name Telephone

N/A N/A

Address Email Address

N/A N/A

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

Insulation Contractor Information

N/A 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	N/A
Sprinkler Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
N/A	N/A
Signature of Officer(s) of Corporation	License #

Fire Alarm Contractor Information

N/A	N/A
Fire Alarm Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
N/A	N/A
Signature of Officer(s) of Corporation	License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? N/A Yes N/A 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.

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

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 Horta Inc., T/A Emerald Homes

Sign w/Title: Jessie Fisher - Entitlements Manager Date: 10-10-24