

Application #

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

## **Application for Residential Building and Trades Permit**

| Owner's Name: D. R. Horton, Inc. / Jessica Evans-El   | Date 2/7/2023  |
|---|--|
| Site Address: 41 Paper Birch Way  | Phone <u>919-280-1025</u>                            |
| Subdivision: Woodgrove  | Lot <u>166</u>                                       |
| Description of Proposed Work: New Single Family Dwelling  | Total Job Cost <u>187,769</u>                        |
| General Contractor Information  | n  |
| D. R. Horton, Inc.  | 919-280-1025   |
| Building Contractor's Company Name  | Telephone  |
| 2000 Aerial Center Parkway Ste. 110A Morrisville, NC 27560  | jaevansel@drhorton.com                               |
| Address   | Email Address  |
| 29676 HEATED SQ FT 2511 GARAGE S  | Q FT 422   |
| License #   |  |
| Electrical Contractor Information  Description of Work New Single Family Dwelling Service Size: 200 Amps T-Pole: ✓ Yes No |  |
|   | 919-363-7474   |
| Imperial Electric Electrical Contractor's Company Name  |  |
| 837 Perry Road, Apex NC 27502   | Telephone office@imperial-electricinc.com            |
| Address   | Email Address  |
| 19850L  | Liliali Address                                      |
| License #   |  |
| Mechanical/HVAC Contractor Inform   | <u>nation</u>  |
| Description of Work New Single Family Dwelling  |  |
| Romanoff Heating & Cooling  | 919-848-4652   |
| Mechanical Contractor's Company Name  | Telephone  |
| 3006 Industrial Drive Suite 120, Raleigh NC 27609   | jarmstrong@romanoffgroup.cc                          |
| Address   | Email Address  |
| 22375   |  |
| License #   |  |
| Plumbing Contractor Information   | <u>on</u>  |
| Description of Work New Single Family Dwelling  | # Baths3   |
| Weather Master  | 919-266-4415   |
| Plumbing Contractor's Company Name  | Telephone  |
| 305 Village Drive, Knightdale NC 27545  | krollins@weathermasterhvac.com                       |
| Address   | Email Address  |
| 17326   |  |
| License #   |  |
| Insulation Contractor Information   | <del></del>  |
| TriCity Insulation 7204 Becky Circle, Raleigh NC 27615  | 919-790-9684<br>———————————————————————————————————— |
| Insulation Contractor's Company Name & Address  | Telephone  |

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



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 that by signing below I have obtained all subcontractors permission to obtain these permits 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.

| Jessica Evans-El 2/7/2023   |  |
|---|--|
| 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 OwnerX 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:   |  |
| X 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. |  |
| Sign w/Title: Permit Coordinator Date: 2/7/2023   |  |