

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./ Jennifer Upchurch	Date 02/19/2024
Site Address: 195 Hawksmoore Lane	004 227 0257
	Lot 37
Description of Proposed Work: New Single Family Dwelling	Total Job Cost
General Contractor Information	
D.R. Horton Inc.	_
Building Contractor's Company Name	Telephone
2000 Aerial Center Pkwy Ste. 110-A Morrisville, NC 27560	jnupchurch@drhorton.com
Address	Email Address
29676 HEATED SQ FT 1,764 GARAGE S	<mark>Q FT</mark> 425
License #	
Description of Work New Single Family Dwelling Service Size:	on 200 Amps T-Pole: Yes No
Imperial Electric	919-363-7474
Electrical Contractor's Company Name	Telephone
416 Upchurch St. Apex, NC 27502	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	
Weather Master	919-266-4415
Mechanical Contractor's Company Name	Telephone
305 Village Dr. Knightdale, NC 27545	krollins@weathermasterhvac.com
Address	Email Address
17326	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work New Single Family Dwelling	# Baths
Weather Master	919-266-4415
Plumbing Contractor's Company Name	Telephone
305 Village Dr. Knightdale, NC 27545	krollins@weathermasterhvac.com
Address	Email Address
17326	
License #	
Insulation Contractor Information	
Prime Energy Group 495 S. High St. Ste. 50 Columbus, OH 432 Insulation Contractor's Company Name & Address	
moulation contractors company walle & 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.

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Signature of Owner Contractor/Officer(s) of Corporation  02/19/2024  Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner X 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: <u>Permit Coordinator</u> Date: <u>02/19/2024</u>	
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