

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 02/28/2024	
Site Address: 66 Finsbury Court	Phone 984-327-8357	
Subdivision: McKay Place	Lot 21	
Description of Proposed Work: New Single Family Dwelling	Total Job Cost117,114	
General Contractor Information		
D.R. Horton Inc.	984-327-8357	
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 2,511 GARAGE S	SQ FT 422	
License #		
Description of Work New Single Family Dwelling Service Size	<u>ion</u> :: <sup>200</sup> 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	Email Address	
License #		
Mechanical/HVAC Contractor Infor	mation_	
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 Informat	<u>ion</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 Informat	<del></del>	
Prime Energy Group 495 S. High St. Ste. 50 Columbus, OH 433		
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.

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<u>Signature of Owner Contractor/Officer(s) of Corporation</u> 02/28/2024  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 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 insu	rance 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	. 02/28/2024	
V		