

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 5/22/24
Site Address: 35 Finsbury Court	004 227 0257
Subdivision: McKay Place	07
Description of Proposed Work: New Single Family Dwelling	
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 SQ	FT 422
License #	
Description of Work New Single Family Dwelling Service Size: 2	<u>l</u> 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	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation_
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>1</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	- '
Insulation Contractor's Company Name & Address	
Prime Energy Group 495 S. High St. Ste. 50 Columbus, OH 4321	5 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>Jennifer Upchurch</u> Signature of Owner/Contractor/Officer(s) of Corporation	5/22/24 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor OwnerX Office	er/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: Jannifer Upchurch Permit Coo	ordinator Date: 5/22/24	
V		