

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 _	1/20/25	5
Site Address: 22 Black Creek Drive	Phone			
Subdivision: McKay Place	Lot 2			
Description of Proposed Work: New Single Family Dwelling	_ Total Job Cost _	193,77	73	
General Contractor Information				
D.R. Horton Inc.				
Building Contractor's Company Name	Telephone			
2000 Aerial Center Pkwy Ste. 110-A Morrisville, NC 27560	jnupchurch@d	Irhortor	n.com	
Address	Email Address			
29676 HEATED SQ FT 2,824 GARAGE SQ	FT 411			
License #				
Description of Work New Single Family Dwelling Service Size: 2	<u>1</u> 200 Amps T-P	olo. V	Voc. N	.la
Imperial Electric	919-363-747		_resr	NO
Electrical Contractor's Company Name	Telephone	+		
416 Upchurch St. Apex, NC 27502	office@imperia	al elect	ricine cor	m
Address	Email Address	al-elect	1101110.001	11
19850L	Elliali Address			
License #				
Mechanical/HVAC Contractor Information	ation_			
Description of Work New Single Family Dwelling				
Weather Master	919-266-441	5		
Mechanical Contractor's Company Name	Telephone		_	
305 Village Dr. Knightdale, NC 27545	krollins@weatl	hermas	sterhvac.	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@weatl	hermas	terhvac.	com
Address	Email Address			
17326				
License #	_			
Insulation Contractor Information	_			
Prime Energy Group 495 S. High St. Ste. 50 Columbus, OH 4321 Insulation Contractor's Company Name & Address	5 Telephone			_
moulation contractors company name & Address	1 6160110116			

*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.

any and all changes.	County Central Permitting Department of
EXPIRED PERMIT FEES - 6 Months to 2 years permit re-iss	ue fee is \$150 00 After 2 years re-issue fee
is as per current fee schedule.	ac 100 10 \$ 1001001 7 mol 2 years 10 10000 100
Jennifer Upchurch Signature of Owner/Contractor/Officer(s) of Corporation	1/20/25
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comper The undersigned applicant being the:	nsation N.C.G.S. 87-14
General Contractor OwnerX Off	icer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit:	(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained w	
Has one (1) or more subcontractors(s) and has obtain them.	ed workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subconti	ractors.
While working on the project for which this permit is sought it Department issuing the permit may require certificates of coverto issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior
Sign w/Title: Jennifer Upchurch Permit Coord	dinator Date: 1/20/25