

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 9/24/24
Site Address: 423 Blue Aspen Drive	Phone 984-327-8357
Subdivision: Woodgrove	Lot 153
Description of Proposed Work: New Single Family Dwelling	Total Job Cost 193,773
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 2,820 GARAGE S	SQ FT 411
License #	<u> </u>
Electrical Contractor Informat	ion :: <sup>200</sup> Amps T-Pole: VYes No
•	919-363-7474
ImperialElectric	
Electrical Contractor's Company Name 416 Upchurch St. Apex, NC 27502	Telephone office@imperial-electricinc.com
Address	Email Address
19850L	Email Address
License #	
Mechanical/HVAC Contractor Infor	rmation
Description of Work New Single Family Dwelling	
Romanoff Heating & Cooling	919-848-4652
Mechanical Contractor's Company Name	Telephone
3006 Industrial Drive Ste. 120, Raleigh NC 27609	jarmstrong@romanoffgroup.cc
Address	Email Address
22375	
License #	
Plumbing Contractor Informat	ion
Now Single Family Dwelling	<u>1011</u>
Description of Work New Single Family Dwelling	# Baths 2.5
Description of Work New Single Family Dwelling Weather Master	
	# Baths <u>2.5</u>
Weather Master	# Baths_2.5 919-266-4415
Weather Master Plumbing Contractor's Company Name	# Baths 2.5 919-266-4415 Telephone
Weather Master Plumbing Contractor's Company Name 305 Village Dr. Knightdale, NC 27545	# Baths 2.5 919-266-4415 Telephone krollins@weathermasterhvac.com
Weather Master Plumbing Contractor's Company Name 305 Village Dr. Knightdale, NC 27545 Address 17326 License #	# Baths 2.5 919-266-4415 Telephone krollins@weathermasterhvac.com Email Address
Weather Master Plumbing Contractor's Company Name 305 Village Dr. Knightdale, NC 27545 Address 17326 License # Insulation Contractor Information	# Baths 2.5 919-266-4415 Telephone krollins@weathermasterhvac.com Email Address
Weather Master Plumbing Contractor's Company Name 305 Village Dr. Knightdale, NC 27545 Address 17326 License #	# Baths 2.5 919-266-4415 Telephone krollins@weathermasterhvac.com Email Address

\*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.

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<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.	
is as per current lee schedule.	
Jennifer Upchurch       9/24/24         Signature of Owner/Contractor/Officer(s) of Corporation       Date	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
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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	
<u></u>	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work	
set forth in the permit:	
V	
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
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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.	
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.	
Permit Coordinator _ 0/24/24	
Sign w/Title: Jennifer Upchurch Permit Coordinator Date: 9/24/24	