

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 11/1/24
Site Address: 93 Fair Child Road	Phone 984-327-8357
Subdivision: Mason Ridge	Lot 29
Description of Proposed Work: New Single Family Dwelling	Total Job Cost 192,238
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>on</u> : ²⁰⁰ Amps T-Pole: ✓ Yes No
ImperialElectric	919-363-7474
Electrical Contractor's Company Name	Telephone
416 Upchurch St. Apex, NC 27502	office@imperial-electricinc.com
Address	Email Address
19850L	Zmaii / taarooo
License #	
Mechanical/HVAC Contractor Infor	<u>mation</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.con
Address	Email Address
17326	
License #	
Plumbing Contractor Informat	_
Description of Work New Single Family Dwelling	# Baths 3
C&M Plumbing	919-658-6109
Plumbing Contractor's Company Name	Telephone
5427 US 117 South Alt. Mt. Olive,NC 28365	rebecca@cmplumbingseptic.com
Address	Email Address
L.19887	
License # Insulation Contractor Informat	ion
Prime Energy Group 495 S. High St. Ste. 50 Columbus,OH 432	<u></u>
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.

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.	
Jennifer Upchurch11/1/24Signature of Owner/Contractor/Officer(s) of CorporationDate	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Date	
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	
Control contractor curior critically again of the contractor of curior	
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.	
Here are (4) as means as beauting touch be here their assessmention of some analysis of some analysis in assessment	
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.	
rias 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: Jennifer Upchurch Permit Coordinator Date: 11/1/24	