

Application # _____

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

* Must be owner/occupier or licensed contractor. Address,

company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: D.R. Horton Inc./ Jennifer Upchurch	Date 1/28/25
Site Address: 80 Paper Birch Way	Phone 984-327-8357
	Lot 142
Description of Proposed Work: New Single Family Dwelling	Total Job Cost 193,773
General Contractor Informat	
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 2,824 GARAGE	SQ FT 411
License #	
Electrical Contractor Informa Description of Work New Single Family Dwelling Service Siz	t <u>ion</u> re: <u>200</u> 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	Email Address
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work <u>New Single Family Dwelling</u>	
Romanoff Heating & Cooling	919-848-4652
Mechanical Contractor's Company Name	Telephone
3006 Industrial Drive Ste. 120, Raleigh NC 27609	jarmstrong@romanoffgroup.co
Address	Email Address
22375	
License #	
Plumbing Contractor Informa	
Description of Work New Single Family Dwelling	# Baths_2.5
Weather Master	919-266-4415
Plumbing Contractor's Company Name	Telephone
305 Village Dr. Knightdale, NC 27545	krollins@weathermasterhvac.cor
Address	Email Address
17326	
License # Insulation Contractor Informa	ation
TriCity Insulation 7204 Becky Circle, Raleigh NC 27615	919-790-9684
Insulation Contractor's Company Name & Address	Telephone
insulation contractors company Manie & Audiess	relepitorie

*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.

1/28/25

______ Signature of Owner/Contractor/Officer(s) of Corporation

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 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. Permit Coordinator Sign w/Title:________Date: 1/28/25

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