

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

licensed contractor. Address, company name & phone must match information on license.

* Must be owner/occupier or

Application for Residential Building and Trades Permit

Owner's Name: D.R. Horton Inc./ Jennifer Upchurch	Date 5/1/25
Site Address: 209 Gilmer Street	Phone 984-327-8357
Subdivision: Eagle Creek	Lot <u>112</u>
Description of Proposed Work: <u>New Single Family Dwelling</u>	_ Total Job Cost 216,544
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 3112 GARAGE SQ	<mark>9 FT</mark> 454
License #	
Electrical Contractor Information Description of Work New Single Family Dwelling Service Size: 2	<u>1</u> 200Amps T-Pole:
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	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Single Family Dwelling	010 550 7711
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name 703 N. Clinton Ave., Dunn 28334	Telephone RNC_Permits@carolinacomfortair.com
Address	Email Address
29077	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work New Single Family Dwelling	_# Baths
C&M Plumbing	919-658-6109
Plumbing Contractor's Company Name	Telephone
5427 US 117 South Alt. Mt. Olive, NC 28365	annmarie@cmplumbingseptic.com
Address	Email Address
L.19887	
License # Insulation Contractor Information	n
Tatum Insulation II, Inc. 519 Old Drugstore Rd. Garner NC 27529	
Insulation Contractor's Company Name & Address	Telephone
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*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.

5/1/25

Jennifer Upchurch 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:	
The undersigned applicant being the.	
General Contractor Owner M 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.	
Sign w/Title: Jennifer Upchurch Permit Coordinator Date: 5/1/25	