

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:	Date 5/5/25		
Site Address: 40 Charlies Bend Way	Phone 984-327-8357		
Subdivision: Mason Ridge	Lot 35		
Description of Proposed Work: New Single Family Dwelling	Total Job Cost <u>192,239</u>		
General Contractor Informatio			
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		
	SQ FT_411		
License #			
Electrical Contractor Informati	ion		
	:: <u>200</u> Amps T-Pole: <u>Yes</u> No		
Imperial Electric	919-363-7474		
Electrical Contractor's Company Name	Telephone		
416 Upchurch St. Apex, NC 27502	office@imperial-electricinc.com		
Address 19850L	Email Address		
License #			
Mechanical/HVAC Contractor Infor	mation		
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.com		
Address	Email Address		
17326			
License #			
Plumbing Contractor Information	ion_		
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 #	ion		
Insulation Contractor Informat			
Prime Energy Group 495 S. High St. Ste. 50 Columbus, OH 432			
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.

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.

5/5/25

<u>Jennifer Upchurch</u> Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14						
I he undersign	ed applicant being the:					
Gene	ral Contractor	_Owner X	_ Officer/Agent of the C	ontractor 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 on them.	e (1) or more subcontra	ctors(s) and has c	btained workers' compe	ensation insurance to cover		
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.						
Department is	suing the permit may re the permit and at any ti	quire certificates o		the Central Permitting compensation insurance prior rson, firm or corporation		
Sign w/Title:	Jennifer Upchurch	n Perr	nit Coordinator	Date: 5/5/25		