

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 5/23/25
Site Address: 148 Gilmer Street	Phone 984-327-8357
Subdivision: Eagle Creek	Lot 12
Description of Proposed Work: New Single Family Dwelling	Total Job Cost <u>209,800</u>
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 2291 GARAGE S	SQ FT 609
License #	
Electrical Contractor Informati	<u>on</u> : <sup>200</sup> Amps T-Pole: ✓ YesNo
Description of Work New Single Family Dwelling Service Size 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	Email Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work New Single Family Dwelling	
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
703 N. Clinton Ave., Dunn 28334	RNC Permits@carolinacomfortair.com
Address	Email Address
29077	
License #	
Plumbing Contractor Information	<u>ion</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 Informati	<del></del>
Tatum Insulation II, Inc. 519 Old Drugstore Rd. Garner NC 27529 Insulation Contractor's Company Name & Address	919-661-0999 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.

is as per current fee schedule.	ssue lee is \$150.00. Allel 2 years le-issue lee	
Tennifer Upchurch Signature of Owner/Contractor/Officer(s) of Corporation	5/23/25	
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.		
Sign w/Title: <u>Jennifer Upchurch</u>	pordinator Date: 5/23/25	