

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

match information on license. Application for Residential Building and Trades Permit

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

company name & phone must

Owner's Name: D.R. Horton Inc./ Jennifer Upchurch	Date <u>6/4/25</u>	
Site Address: 210 Gilmer Street	Phone 984-327-8357	
Subdivision: Eagle Creek	Lot <u>16</u>	
Description of Proposed Work: <u>New Single Family Dwelling</u>		
General Contractor Informat	tion	
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	<mark>SQ FT</mark> 609	
License #		
Electrical Contractor Informa Description of Work New Single Family Dwelling Service Siz		
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		
19850L License # Mechanical/HVAC Contractor Info		
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19850L License # Description of Work <u>New Single Family Dwelling</u>	ormation 919-550-7711 Telephone	
19850L License # Description of Work New Single Family Dwelling Carolina Comfort Air	<u>919-550-7711</u>	
19850L License # Description of Work New Single Family Dwelling Carolina Comfort Air Mechanical Contractor's Company Name 703 N. Clinton Ave., Dunn 28334 Address	ormation 919-550-7711 Telephone	
19850L License # Description of Work New Single Family Dwelling Carolina Comfort Air Mechanical Contractor's Company Name 703 N. Clinton Ave., Dunn 28334 Address 29077	919-550-7711 Telephone RNC_Permits@carolinacomfortair.c	
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19850L License # Description of Work New Single Family Dwelling Carolina Comfort Air Mechanical Contractor's Company Name 703 N. Clinton Ave., Dunn 28334 Address 29077 License # Plumbing Contractor Informa Description of Work New Single Family Dwelling C&M Plumbing	919-550-7711 Telephone RNC_Permits@carolinacomfortair.c Email Address ttion # Baths 919-658-6109	
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19850L License # Description of Work New Single Family Dwelling Carolina Comfort Air Mechanical Contractor's Company Name 703 N. Clinton Ave., Dunn 28334 Address 29077 License # Plumbing Contractor Informa Description of Work New Single Family Dwelling C&M Plumbing Plumbing Contractor's Company Name 5427 US 117 South Alt. Mt. Olive, NC 28365	919-550-7711 Telephone RNC_Permits@carolinacomfortair.c Email Address ttion # Baths 919-658-6109 Telephone annmarie@cmplumbingseptic.com	
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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.

Date

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

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.

Affidavit for Worker's Compensation N.C.G.S. 87-14

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: 6/4/25
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