

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: D.R. Horton Inc. Date: 10/7/25
Site Address: 34 Discovery Way Lot 1 Phone: 984-327-8357
Directions to job site from Lillington: _____

Subdivision: Cross Creek Lot: 1

Description of Proposed Work: Temporary Sales Center/Office

Heated SF 2804 Unheated SF 415

General Contractor Information: Building Cost \$ 198,923

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

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work New Construction Install Service Size: 200 Amps #T-Poles 1

Carolina Electric Residential, LLC 919-363-7474

Electrical Contractor's Company Name Telephone

510 Upchurch St. Ste. 2 Apex, NC 27502 lpiccolino@carolinaelectricresidential.com

Address Email Address
19850L

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work New Construction Install # Units 1

Carolina Comfort Air 919-550-7711

Mechanical Contractor's Company Name Telephone

703 N. Clinton Ave. Dunn NC 28334 RNC_Permits@comfortair.com

Address Email Address
29077

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work New Construction # Baths _____

C&M Plumbing 919-658-6109

Plumbing Contractor's Company Name Telephone

5427 US 117 S. Alt. Mt. Olive, NC 28365 annmarie@cmplumbingseptic.com

Address Email Address
L.19887

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Tatum Insulation II, Inc. 519 Old Drug Store Rd. Garner NC 27529 919-661-0999

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

Jennifer Upchurch

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

10/7/25

Date

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

The undersigned applicant being the:

_____ General Contractor _____ Owner _____ 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:

_____ 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.

Company or Name: D.R. Horton Inc.

Sign w/Title: *Jennifer Upchurch*

Permit Coordinator

Date: 10/7/25