



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

* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

Application for Residential Building and Trades Permit

Owner's Name: D.R. Horton Inc./ Jennifer Upchurch Date 10/29/25
Site Address: 124 Discovery Way Phone 984-327-8357
Subdivision: Cross Creek Lot 6
Description of Proposed Work: New Single Family Dwelling Total Job Cost 198,923

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** 2511 **GARAGE SQ FT** 422
License #

Electrical Contractor Information

Description of Work New Single Family Dwelling Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
Carolina Electric Residential, LLC
Electrical Contractor's Company Name Telephone
416 Upchurch St. Apex, NC 27502
Address Email Address
19850L
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

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

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

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

10/29/25
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: Jennifer Upchurch Permit Coordinator Date: 10/29/25