

*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: Eagle Creek Community Association, Inc. Date: 5/20/2025

Site Address: 22 Upland Drive Phone: 336-339-0576

Directions to job site from Lillington: Head North on S. Main Street toward E. Harnett Street, Turn left onto McKinney Pkwy, Turn left onto US-401 N., Turn right onto Lafayette Rd, Turn right onto Chalybeate Springs rd., Turn left onto Purfoy Rd., left into the subdivision at Upland Drive.

Subdivision: Eagle Creek Subdivision Lot: CA-2

Description of Proposed Work: Subdivision entry sign including electrical

Heated SF N/A Unheated SF N/A

General Contractor Information: Building Cost \$ 22,000

DR Horton, Inc.

Building Contractor's Company Name

2000 Aerial Center Pkwy Ste 110A

Address

[Signature]

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

(919) 460 2999

Telephone

Jacobs @drhorton.com

Email Address

29676

License #

Electrical Contractor Information: Electrical Cost \$ 2,900.00

Description of Work N/A Service Size: 100 Amps #T-Poles 0

ESB Electric Company, Inc.

Electrical Contractor's Company Name

4700 Bernie Place, Raleigh NC 27616

Address

[Signature]

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

919-876-4194

Telephone

esbelectric@gmail.com

Email Address

L.17674

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work N/A # Units _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

License #

Insulation Contractor Information

N/A

Insulation Contractor's Company Name & Address

Telephone

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

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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.



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

5/23/2025
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.

Company or Name: D.R. Horton, Inc / Jessica Evans-El (agent)

Sign w/Title: Jessica Evans-El permit coordinator Date: 5/23/2025