

*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: Drees Homes Date: 8/29/2022
Site Address: TBD- 0655-23-9685-000 Phone: 919-256-5478
Directions to job site from Lillington: 401 To Piney-grove Pauls RD
To Sherman RD

Subdivision: Serenity Lot: 87
Description of Proposed Work: SFD- Sales Office
Heated SF 2437 Unheated SF 671

General Contractor Information: Building Cost \$ 185,000

Drees Homes
Building Contractor's Company Name
8521 Six Forks Rd, Suite 500
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

919-844-9288
Telephone
ttreff@dsdreeshomes.com
Email Address
39440
License #

Electrical Contractor Information: Electrical Cost \$ 5,000

Description of Work SFD- Sales Office Service Size: 600 Amps #T-Poles 1
All Trade Contractors
Electrical Contractor's Company Name
1001 Trinity Road
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

919-481-2429
Telephone
dusherealltradecontractors.com
Email Address
23179
License #

Mechanical Contractor Information: Mechanical Cost \$ 10,000

Description of Work SFD- Sales Office # Units 1
All Trade Contractors
Mechanical Contractor's Company Name
1001 Trinity Road
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

919-481-2429
Telephone
servicealltradecontractors.com
Email Address
33751
License #

Plumbing Contractor Information: Plumbing Cost \$ 8,000

Description of Work SFD- Sales Office # Baths 3
Pooles Plumbing INC.
Plumbing Contractor's Company Name
200 Tinsteel Court
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

919-661-6334
Telephone
bhp@poolesplumbing.com
Email Address
21404
License #

Insulation Contractor Information

Tri City 7204 Beekly Cr Raleigh
Insulation Contractor's Company Name & Address

919-790-9684
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.

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

Date 8/29/2022

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: Draas Homes

Sign w/Title: Permit Word Date: 8/29/2022