

*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: DRB HOMES NC LLC Date: 9/1/23

Site Address: 17 Whimbrel Court Phone: 919.279.2339

Directions to job site from Lillington: _____

Subdivision: Blake Pond Lot: 101

Description of Proposed Work: NSFD SALES OFFICE IN GARAGE

Heated SF 3501 Unheated SF 439

General Contractor Information: Building Cost \$ 284,589.00

DRB HOMES NC LLC

Building Contractor's Company Name

3000 RDU CENTER DRIVE STE. 202 MORRISVILLE NC 27560

Address

919.279.2339

Telephone

AMOSS@DRBGROUP.COM

Email Address

68937

License #

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

Electrical Contractor Information: Electrical Cost \$ 10,350.00

Description of Work NSFD Service Size: 220 Amps #T-Poles X

ROMANOFF ELECTRIC

Electrical Contractor's Company Name

3006 INDUSTRIAL DR. RALEIGH, NC 27609

Address

919.848.4652

Telephone

THOWARD@ROMANOFFGROUP.CC

Email Address

U-12915

License #

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

Mechanical Contractor Information: Mechanical Cost \$ 16,216.00

Description of Work NSFD # Units SPLIT UNIT IN GARAGE

WEATHER MASTER

Mechanical Contractor's Company Name

305 VILLAGE DRIVE, KNIGHTDALE NC 27545

Address

919.266.4415

Telephone

LHILL@WEATHERMASTERHVAC.COM

Email Address

17326

License #

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

Plumbing Contractor Information: Plumbing Cost \$ 17,075.00

Description of Work N/A ADA PORTA JOHN # Baths _____

Plumbing Contractor's Company Name

Address

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

Telephone

Email Address

License #

Insulation Contractor Information

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.

9/1/23

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

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: DRB HOMES NC LLC

Sign w/Title: _____ Date: 9/1/23