

\*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: 01/02/2024

Site Address: PIN 0693-13-9414.000 - Harvest Road Phone: \_\_\_\_\_

Directions to job site from Lillington: Head west toward S Main St., turn right on S Main St, continue straight onto NC-210, turn right onto W. Church St., right onto S. Raleigh Street, left on W. McIver St., continue onto Benson Road

Subdivision: Tobacco Road Lot: 1

Description of Proposed Work: SFD and Model Home

Heated SF 718 Unheated SF \_\_\_\_\_  
**General Contractor Information:** Building Cost \$ 20,000

Drees Homes 919-844-9288  
Building Contractor's Company Name Telephone  
8521 Six Forks Road, #500, Raleigh, NC 27615 ttrefftzs@dreeshomes.com  
Address Email Address  
*Brooklyn Wehmy* 39440  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_  
Description of Work Model Home Service Size: \_\_\_\_\_ Amps #T-Poles X  
A. Maynor Services 919-361-0993

A. Maynor Services Telephone  
Electrical Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 norm@maynorservices.com  
Address Email Address  
*[Signature]* 33176  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_  
Description of Work Model Home # Units \_\_\_\_\_  
A. Maynor Services 919-361-0993

A. Maynor Services Telephone  
Mechanical Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 gerald@maynorservices.com  
Address Email Address  
*[Signature]* L.12309  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_  
Description of Work Model Home # Baths 1  
A Maynor Services 919-361-0993

A Maynor Services Telephone  
Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 roger.gilbert@maynorservices.com  
Address Email Address  
*[Signature]* S.24347  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**  
31-W 351 Hein Drive, Garner NC 919-662-9980  
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.

*Brodley Weir*  
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     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: *Brodley Weir*

Sign w/Title: Operations Manager

Date: 01/02/2024