

## COMMERCIAL BUILDING APPLICATION

Site Address: 18 Daydream Crossing PIN: 0655-13-1650.000  
Owner: Drees Homes Phone: 919-844-9288 Email: ttreftzs@dreeshomes.com  
Description of Proposed Work: Convert Garage to temp Sales Center to be converted back at closing Total Job Cost: \$ \$30,000

### GENERAL CONTRACTOR INFORMATION

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

Drees Homes 919-844-9288  
General Contractor's Company Name Phone  
8521 Six Forks Road, #500, Raleigh, NC ttreftzs@dreeshomes.com  
Address Email  
39440 \$ 30,000  
License # Signature of Owner/Contractor/Officer of Corp. Building Cost (excluding trades)

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NSFD Service Size: 200 Amps T-Poles: YES ☒ NO ☐  
A. Maynor Services 919-361-0993  
Electrical Contractor's Company Name Phone  
1000 Goodworth Drive, Apex, NC bchappell@maynorservices.com  
Address Email  
L.11348 \$ 6,000  
License # Signature of Owner/Contractor/Officer of Corp. Electrical Cost

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NSFD # of Units: 1  
A. Maynor Services 919-361-0993  
Mechanical Contractor's Company Name Phone  
1000 Goodworth Drive, Apex, NC bchappell@maynorservices.com  
Address Email  
36504 \$ 6,000  
License # Signature of Owner/Contractor/Officer of Corp. Mechanical Cost

### PLUMBING CONTRACTOR INFORMATION

Description of Work: NSFD # of Baths: 1  
Poole's Plumbing 919-361-0993  
Plumbing Contractor's Company Name Phone  
1000 Goodworth Drive, Apex, NC bob@poolesplumbing.com  
Address Email  
21404 \$ 8,000  
License # Signature of Owner/Contractor/Officer of Corp. Plumbing Cost

### INSULATION CONTRACTOR INFORMATION

Tri City Insulation 919-700-0004  
Insulation Contractor's Company Name Phone



### SPRINKLER CONTRACTOR INFORMATION

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

### FIRE ALARM CONTRACTOR INFORMATION

\_\_\_\_\_  
Guardian Protective Services

\_\_\_\_\_  
919-461-8493

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Morrisville, NC

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? YES ☐ NO ☒

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

Teri Trefftz  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

09/23/2025  
\_\_\_\_\_  
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

Does 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 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

X Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Teri Trefftz  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

09/23/2025  
\_\_\_\_\_  
Date