

RESIDENTIAL BUILDING APPLICATION

Site Address: 447 Victoria Hills Dr S **PIN:** _____

Owner: Michael & Kimberly Bridgers **Phone:** 919-946-2283 **Email:** krbridgers3@gmail.com

Description of Proposed Work: Remove existing deck and build new screened porch **Total Job Cost:** \$88,000

GENERAL CONTRACTOR INFORMATION

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

| | |
|--|-------------------------------------|
| <u>DBR Construction, LLC</u> | <u>919-291-9268</u> |
| General Contractor's Company Name | Phone |
| <u>1040 White Fir Drive. Wake Forest, NC 27587</u> | <u>DBRConstructionLLC@gmail.com</u> |
| Address | Email |
| <u>79327</u> | |
| License # | |

ELECTRICAL CONTRACTOR INFORMATION

| | | |
|--|----------------------------------|---|
| Description of Work: <u>Install ceiling fan, recessed lighting and receptacles</u> | Service Size: <u>200</u> Amps | T-Pole: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <u>Harte Electric</u> | <u>919-639-6851</u> | |
| Electrical Contractor's Company Name | Phone | |
| <u>7836 HWY 55 South. Willow Spring, NC 27592</u> | <u>Harteelectricnc@gmail.com</u> | |
| Address | Email | |
| _____ License # | | |

MECHANICAL/HVAC CONTRACTOR INFORMATION

| | |
|---|----------------|
| Description of Work: <u>N/A</u> | |
| _____ Mechanical Contractor's Company Name | _____ Phone |
| _____ Address | _____ Email |
| _____ License # | |

PLUMBING CONTRACTOR INFORMATION

| | |
|---|----------------------|
| Description of Work: <u>N/A</u> | # of Fixtures: _____ |
| _____ Plumbing Contractor's Company Name | _____ Phone |
| _____ Address | _____ Email |
| _____ License # | |

INSULATION CONTRACTOR INFORMATION

| | |
|---|----------------|
| <u>N/A</u> | |
| _____ Insulation Contractor's Company Name | _____ Phone |

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.

 DENNIS ROBERTS
Signature of Owner/Contractor/Officer of Corporation

7/7/2025
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ 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,

☒ 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.

 DENNIS ROBERTS
Signature of Owner/Contractor/Officer of Corporation

7/7/2025
Date