

Application #

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

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

## **Application for Residential Building and Trades Permit**

ner's Name: DRB Homes- NC LLC Date 1/16/			
EZ Winding Crook Drive	Phone 919-279-2339		
Subdivision: The Farm @ Neill's Creek			
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost 192,483.00		
General Contractor Informatio			
DRB Homes- NC LLC	919-279-2339		
uilding Contractor's Company Name Telephone			
3000 RDU Center Drive Ste. 202 Morrisville, NC 27560	amoss@drbgroup.com		
Address	Email Address		
68937 HEATED SQ FT 2491 GARAGE S	SO FT 414		
License #			
Electrical Contractor Information	<u>on</u>		
Description of Work New Singel Family Dwelling Service Size:	200 Amps T-Pole: Yes No		
MSF Electric, Inc.	<u>919-217-9767</u>		
Electrical Contractor's Company Name	Telephone		
2009 Eaglerock Road, Wendell NC 27591	jimw@msfelectric.com		
Address	Email Address		
<u>U.34688</u>			
License #  Mechanical/HVAC Contractor Inform	mation		
Description of Work New Singel Family Dwelling	<del></del>		
Weather Master	010 266 4415		
Mechanical Contractor's Company Name	919-266-4415 Telephone		
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.com		
Address Email Address			
17326			
I ICENSE #			
License #  Plumbing Contractor Information	on		
Plumbing Contractor Information	on 2.5		
Description of Work New Singel Family Dwelling	on # Baths		
Description of Work New Singel Family Dwelling  C&M Plumbing	on # Baths 919-658-6109		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name	2.5 # Baths 919-658-6109 Telephone		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name  5427 Hwy US 117 S.Alt., Mount Olive NC 28365	2.5  # Baths  919-658-6109  Telephone cm.plumbing@ymail.com		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name  5427 Hwy US 117 S.Alt., Mount Olive NC 28365  Address	2.5 # Baths 919-658-6109 Telephone		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name  5427 Hwy US 117 S.Alt., Mount Olive NC 28365  Address  19887	2.5  # Baths  919-658-6109  Telephone cm.plumbing@ymail.com		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name  5427 Hwy US 117 S.Alt., Mount Olive NC 28365  Address	2.5  # Baths  919-658-6109  Telephone  cm.plumbing@ymail.com  Email Address		
Description of Work New Singel Family Dwelling  C&M Plumbing  Plumbing Contractor's Company Name  5427 Hwy US 117 S.Alt., Mount Olive NC 28365  Address  19887  License #	2.5  # Baths  919-658-6109  Telephone  cm.plumbing@ymail.com  Email Address		

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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 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 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 as per current fee schedule.

Ally Woss Signature of Owner/Contractor/Officer(s		1/16/24		
Signature of Owner/Contractor/Officer(s	s) of Corporation	Date		
Affidavit for V The undersigned applicant being the:	Vorker's Com	pensation N.C.G.S.	87-14	
General Contractor 0	Owner X	_ Officer/Agent of the Con	tractor 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	s and has obtaine	ed workers' compensation	insurance to cover them.	
Has one (1) or more subcontract them.	tors(s) and has ol	btained workers' compens	sation insurance to cover	
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.				
Sign w/Title: Ally Moss			1/16/24 Date:	
V				