

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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

Owner's Name: Drees Homes	Date: 10/26/2022
$\sim \sim $	Phone: 919-256-5478
Subdivision: Serenity	Lot: <u>3 7</u>
Description of Proposed Work: Single Family Home	
General Contractor Information	<u>1</u>
Drees Homes	919-844-9288
Building Contractor's Company Name	Telephone
8521 Six Forks Road	ttrefftzs@dreeshomes.com
Address	Email Address
39440	
License #	
Description of Work SFD Electrical Contractor Informatio  Service Size:	<u>n</u> 600 _Amps T-Pole: ☒ Yes ☐ No
All Trades Contractors	919-481-2429
Electrical Contractor's Company Name	Telephone
1001 Trinity Road	dcusher@alltradescontractors.co
Address	Email Address
23179	Linaii Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work SFD	
All Trades Contractors	919-481-2429
Mechanical Contractor's Company Name	Telephone
1001 Trinity Road	service@alltradescontractors.co
Address	Email Address
33751	
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work SFD	_# Baths <u>3</u>
Poole's Plumbing Inc.	919-661-6334
Plumbing Contractor's Company Name	Telephone
200 Tinsteel Court	bob@poolesplumbing.com
Address	Email Address
21404	
License #	
Insulation Contractor Informatio	
Tri City, 7204 Becky Circle, Raleigh, NC 27615	919-790-9684
Insulation Contractor's Company Name & Address	Telephone

\*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.

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

10/26/2022 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
Sign w/Title: Pormit Coo), Nator Date: 10/26/2022