



Application # _____

Harnett County Central Permitting
PO Box 05 Lillington, NC 27540
910-893-7625 Fax 910-893-2793 www.harnett.org/permits

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.

Application for Residential Building and Trades Permit

Owner's Name: Drees Homes Date: 5-12-2023
Site Address: 42 Relaxing Place Phone: 919-844-9288
Subdivision: Serenity Subdivision Lot: 25
Description of Proposed Work: SFD

General Contractor Information

Drees Homes 919-844-9288
Building Contractor's Company Name Telephone
8521 Six Forks Road, Suite 500 trefflze@dreeshomes.com
Address Email Address
39440
License #

Electrical Contractor Information

Description of Work: SFD Service Size: _____ Amps T-Pole: Yes No
All Trade Contractors Telephone
1001 Trinity Road 919-481-2499
Electrical Contractor's Company Name
23179 dcusher@alltradecontractors.co
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work: SFD
All Trade Contractors Telephone
1001 Trinity Road 919-481-2499
Mechanical Contractor's Company Name
36013 jpring@alltradecontractors.com
Address Email Address
License #

Plumbing Contractor Information

Description of Work: SFD # Baths: 3
Poole's Plumbing Inc. Telephone
200 Tinsell Court 919-661-6334
Plumbing Contractor's Company Name
21404 bob@poolesplumbing.com
Address Email Address
License #

Insulation Contractor Information

Tricity, 7204 Becky Circle, Raleigh, NC 27615 919-790-9804
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 \$160.00. After 2 years re-issue fee is as per current fee schedule.

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

5-12-2023
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.

Sign w/Title: [Signature] Permit Coordinator Date: 5-12-2023