

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**

vner's Name: DRB Homes NC LLC Date 7/17/2		
Site Address: 114 Shelby Meadow Lane	Phone 919-279-2339	
Subdivision: Honeycutt Hills	Lot 45	
Description of Proposed Work: NSFD	Total Job Cost 223,059.00	
General Contractor Informa		
DRB Homes NC LLC	919-279-2339	
Building Contractor's Company Name Telephone		
3000 RDU Center Drive Ste. 202 Morrisville, NC 27560	amoss@drbgroup.com	
Address	Email Address	
68937 HEATED SQ FT 2757 GARAGE	SQ FT 547	
License #		
Description of Work NSFD Electrical Contractor Information Service Si	ation ze: 220 Amps T-Pole: Yes No	
Romanoff Electric	919-848-4652	
Electrical Contractor's Company Name	Telephone	
3006 Industrial Drive Raleigh NC 27609	thoward@romanoffgroup.cc	
Address	Email Address	
U-12915	Email Address	
License #		
Mechanical/HVAC Contractor Inf	<u>ormation</u>	
Description of Work NSFD		
Weather Master 919-266-4415		
Mechanical Contractor's Company Name  Telephone		
305 Village Drive, Knightdale NC 27545 Ihill@weathermasterh		
Address Email Address		
17326		
License #		
Plumbing Contractor Inform	<u>ation</u>	
Description of Work NSFD # Baths 2.5		
<b>C&amp;M Plumbing</b> 919-658-6109		
C&M Plumbing Plumbing Contractor's Company Name	Telephone	
5427 Hwy US 117 S.Alt., Mount Olive NC 28365 cheryl@cmplumbings		
Address Email Address		
19887		
License #		
Insulation Contractor Inform		
Tri-City Insulation 7204 BECKY CIRCLE RALEIGH, NC	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.

Allyson Moss		7/17/23		
Signature of Owner/Contractor/Officer(s	s) of Corporation	Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor 0	Owner X	Officer/Agent of the Co	ntractor 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: Ricardo Rojas	Division P	resident	_ Date: 7/17/23	