



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: DRB Homes NC LLC Date 9/1/23
Site Address: 17 Whimbrel Court Phone 919.279.2339
Subdivision: Blake Pond Lot 101
Description of Proposed Work: NSFD Total Job Cost 284,589.00

General Contractor Information

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 3501** **GARAGE SQ FT 439**
License #

Electrical Contractor Information

Description of Work NSFD Service Size: 220 Amps T-Pole: Yes ___ No
Romanoff Electric 919.848.4652
Electrical Contractor's Company Name Telephone
3006 Industrial Dr. Raleigh NC 27609 thoward@romanoffgroup.cc
Address Email Address
U-12915
License #

Mechanical/HVAC Contractor Information

Description of Work NSFD
Weather Master 919.266.4415
Mechanical Contractor's Company Name Telephone
305 Village Drive, Knightdale NC 27545 lhill@weathermasterhvac.com
Address Email Address
17326
License #

Plumbing Contractor Information

Description of Work NSFD # Baths 4.5
C&M Plumbing 919.658.6109
Plumbing Contractor's Company Name Telephone
5427 Hwy US 117 S. Alt. Mount Olive NC 28365 cheryl@cmplumbingseptic.com
Address Email Address
19887
License #

Insulation Contractor Information

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.

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

9/1/23

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner X 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:

X 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: _____ Date: 9/1/23