

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

Owner's Name: DRB Homes- NC LLC	Date 11/27/23	
44 E. Havidia I. I. Daliva	Phone 919-279-2339	
	Lot 103	
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost <u>181,498.00</u>	
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_1806 GARAGE S0	Q FT 394	
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.	919-217-9767	
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 Inforn	nation	
Description of Work New Singel Family Dwelling		
Weather Master	010 266 4415	
Mechanical Contractor's Company Name	919-266-4415 Telephone	
305 Village Drive, Knightdale NC 27545 krollins@weathermas		
	Email Address	
1 / 206	Email Address	
17326	Email Address	
License # Plumbing Contractor Information		
License # Plumbing Contractor Information	<u>on</u>	
Description of Work New Singel Family Dwelling	on _# Baths_ 2	
Description of Work New Singel Family Dwelling C&M Plumbing	on _# Baths_2 919-658-6109	
License # Plumbing Contractor Information Description of Work New Singel Family Dwelling C&M Plumbing Plumbing Contractor's Company Name	on # Baths 2 919-658-6109 Telephone	
Plumbing Contractor Information 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	# Baths 2 919-658-6109 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	on # Baths 2 919-658-6109 Telephone	
Plumbing Contractor Information 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	# Baths 2 919-658-6109 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 19887	# Baths 2 919-658-6109 Telephone cm.plumbing@ymail.com Email Address	
Plumbing Contractor Information 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 #	# Baths 2 919-658-6109 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 Moss Signature of Owner/Contractor/Office		11/27/23		
Signature of Owner/Contractor/Office	er(s) of Corporation	Date		
Affidavit for The undersigned applicant being the		npensation N.C.G.S. 8	37-14	
General Contractor	_OwnerX	_ Officer/Agent of the Cont	tractor or Owner	
Do hereby confirm under penalties of set forth in the permit:	f perjury that the pe	erson(s), firm(s) or corporat	ion(s) performing the work	
X Has three (3) or more employed	ees and has obtain	ed workers' compensation	insurance to cover them.	
Has one (1) or more subcontra	actors(s) and has o	btained workers' compens	ation 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			Date: 11/27/23	
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