

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:Drees Homes	Date 01/02/2024	
Site Address: PIN 0693-13-9414.000 - Harvest Road	Phone 919-844-9288	
Subdivision: Tobacco Road	Lot 1	
	Total Job Cost 516,640	
General Contractor Information		
<u>-</u>	919-844-9288	
Building Contractor's Company Name	elephone	
8521 Six Forks Road, #500	trefftzs@dreeshomes.com	
Address	mail Address	
39440 HEATED SQ FT 3229 GARAGE SQ F	<mark>- 718 </mark>	
License #		
Description of Work SFD Service Size:	Amps T-Pole: X YesNo	
•	919-361-0993	
	elephone	
· ·	norm@maynorservices.com	
	Email Address	
33176	a / ida/ood	
License #		
Mechanical/HVAC Contractor Information		
Description of Work SFD		
	919-361-0993	
Mechanical Contractor's Company Name	elephone	
1000 Goodworth Drive, Apex NC 27539	gerald@maynorservices.com	
Address	mail Address	
L.12309		
License #		
Plumbing Contractor Information		
	2	
	Baths 3	
A. Maynor Services	Baths 3 919-361-0993	
A. Maynor Services Plumbing Contractor's Company Name	919-361-0993 Telephone	
A. Maynor Services Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539	919-361-0993 Telephone Troger.gilbert@maynorservices.com	
A. Maynor Services Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 Address E	919-361-0993 Telephone	
A. Maynor Services Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 Address S.24347	919-361-0993 Telephone Troger.gilbert@maynorservices.com	
A. Maynor Services Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 Address S.24347 License #	919-361-0993 Telephone Troger.gilbert@maynorservices.com	
A. Maynor Services Plumbing Contractor's Company Name 1000 Goodworth Drive, Apex NC 27539 Address S.24347 License # Insulation Contractor Information	919-361-0993 Telephone Troger.gilbert@maynorservices.com	

*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.

Teri Trefftas Signature of Owner/Contractor/Officer(s) of Corporation	01/02/2024	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner _X Office	er/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 work	kers' 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: Texi Trefftzs Permit Coordinator	Date: 01/02/2024	