



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: Drees Homes Date 01/29/2024

Site Address: 121 Daybreak Way Phone 919-256-5478

Subdivision: Serenity Subdivision Lot 236

Description of Proposed Work: SFD Total Job Cost 539,200

General Contractor Information

Drees Homes 919-844-9288

Building Contractor's Company Name Telephone

8521 Six Forks Road, #500 ttrefftz@dreeshomes.com

Address Email Address

39440 HEATED SQ FT 2599 GARAGE SQ FT 104

License # _____

Electrical Contractor Information

Description of Work SFD Service Size: _____ Amps T-Pole: Yes No

A. Maynor Services 919-361-0993

Electrical Contractor's Company Name Telephone

1000 Goodworth Drive, Apex NC 27539 norm@maynorservices.com

Address Email Address

23179

License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD

A. Maynor Services 919-361-0993

Mechanical Contractor's Company Name Telephone

1000 Goodworth Drive, Apex NC 27539 gerald@maynorservices.com

Address Email Address

L.12309

License # _____

Plumbing Contractor Information

Description of Work SFD # Baths _____

A. Maynor Services 919-361-0993

Plumbing Contractor's Company Name Telephone

1000 Goodworth Drive, Apex NC 27539 roger.gilbert@maynorservices.com

Address Email Address

S.24347

License # _____

Insulation Contractor Information

31-W 351 Hein Drive, Garner NC 919-662-9980

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.

Teri Trefftz

01/29/2024

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 _____ 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: *Teri Trefftz*

Permit Coordinator

Date: 01/29/2024