

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 02/09/2024
Site Address: 107 Daybreak Way	Phone 919-256-5478
Subdivision: Serenity Subdision	Lot 220
Description of Proposed Work: SFD	Total Job Cost 516960
General Contractor Info	
Drees Homes	919-844-9288
Building Contractor's Company Name	Telephone
8521 Six Forks Road, #500	ttrefftzs@dreeshomes.com
Address	Email Address
39440 HEATED SQ FT 2440 GAR	AGE SQ FT 430
License #	
Electrical Contractor Info	ormation V V
	e Size:Amps T-Pole: XYesNo
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 Contracto	<u>r Information</u>
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 Info	<u>ormation</u>
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 Inf	<u>ormation</u>
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 Trefftas Signature of Owner/Contractor/Officer(s) of Corporation 02/09/2024 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor OwnerX 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: 02/09/2024	