

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 03/06/2024                                 |
|--|---|
| Site Address: 287 Winding Creek Drive  | Phone 919-279-2339                              |
| Subdivision: The Farm @ Neill's Creek  | Lot 73  |
| Description of Proposed Work: New Singel Family Dwelling   | Total Job Cost 188,214.00                       |
| 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 1985 GARAGE S   | <mark>Q FT</mark> 448                           |
| License #  |   |
| Electrical Contractor Information Description of Work New Singel Family Dwelling Service Size: 200 Amps T-Pole: Ves 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 Information   |   |
| Description of Work New Singel Family Dwelling   |   |
| Weather Master   | <u>919-266-4415</u>                             |
| Mechanical Contractor's Company Name<br>305 Village Drive, Knightdale NC 27545   | Telephone                                       |
| Address  | krollins@weathermasterhvac.com<br>Email Address |
| 17326  |   |
| License #  |   |
| Plumbing Contractor Information  |   |
| Description of Work New Singel Family Dwelling   | # Baths 2.5                                     |
| C&M Plumbing   | 919-658-6109                                    |
| Plumbing Contractor's Company Name   | Telephone                                       |
| 5427 Hwy US 117 S.Alt., Mount Olive NC 28365   | cm.plumbing@ymail.com                           |
| Address  | Email Address                                   |
| 19887  |   |
| License #<br>Insulation Contractor Information   |   |
|  | on  |
|  |   |
| Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615<br>Insulation Contractor's Company Name & Address              | <u>on</u><br><u>919-790-9684</u><br>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.

03/06/2024

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

Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14<br>The undersigned applicant being the:  |                                    |  |
|---|------------------------------------|--|
| General Contractor OwnerX Officer/Agent of  | f 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' comp  | pensation 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: Ally Moss   | Date: 03/06/2024                   |  |