



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 02/29/2024  
Site Address: 349 Winding Creek Drive Phone 919-279-2339  
Subdivision: The Farm @ Neill's Creek Lot 68  
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 SQ FT 448**  
License #

**Electrical Contractor Information**

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.34688  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Singel Family Dwelling  
Weather Master 919-266-4415  
Mechanical Contractor's Company Name Telephone  
305 Village Drive, Knightdale NC 27545 krollins@weathermasterhvac.com  
Address Email Address  
17326  
License #

**Plumbing Contractor Information**

Description of Work New Singel Family Dwelling # Baths 2 1/2  
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 #

**Insulation Contractor Information**

Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615 919-790-9684  
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.**

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

02/29/2024  
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: Ally Moss Date: 02/29/2024