

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: DRB Homes NC LLC	Date4/3/24		
Site Address: 3000 RDU Center Drive Ste. 202 Morrisville, NC	27560 Phone 919-279-2339		
Subdivision: Honeycutt Hills	Lot		
Description of Proposed Work: NSFD	Total Job Cost		
General Contractor Informat			
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 2757 GARAGE	SQ FT 547		
License #			
Description of Work NSFD Electrical Contractor Informa Service Siz	tion e: <u>220   </u> Amps   T-Pole: <mark>✓</mark> Yes <u> </u> No		
Romanoff Electric	919-848-4652		
Electrical Contractor's Company Name	Telephone		
3006 Industrial Drive Raleigh NC 27609	thoward@romanoffgroup.cc		
Address	Email Address		
U-12915			
License #			
Mechanical/HVAC Contractor Info	<u>ormation</u>		
Description of Work NSFD			
Weather Master	919-266-4415		
Mechanical Contractor's Company Name	Telephone		
305 Village Drive, Knightdale NC 27545	Ihill@weathermasterhvac.com		
Address	Email Address		
17326			
License #  Plumbing Contractor Informa	tion		
Description of Work NSFD	<u> </u>		
COMA Diversion of			
C&M Plumbing  Plumbing Contractor's Company Name	919-658-6109 Talanhana		
Plumbing Contractor's Company Name	Telephone		
5427 Hwy US 117 S.Alt., Mount Olive NC 28365 Address	cheryl@cmplumbingseptic.com Email Address		
19887	Email Address		
License #			
Insulation Contractor Information			
Tri-City Insulation 7204 BECKY CIRCLE RALEIGH, NC	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

is as per current fee schedule.	5-133ue lee 13 \$150.00. Alti	er z year	3 16-133ue 166	
	4/3/24			
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 OwnerX	Officer/Agent of the Contr	ractor or	Owner	
Do hereby confirm under penalties of perjury that the perset forth in the permit:	rson(s), firm(s) or corporation	on(s) per	forming the work	
X Has three (3) or more employees and has obtained				
Has one (1) or more subcontractors(s) and has of them.	otained workers' compensa	ation insu	rance to cover	
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:	4/3/24	