



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 Date 11/14/2025

Site Address: 1101 Slater Road, Durham NC 27703 Phone 919-279-2339

Subdivision: Honeycutt Hills Lot 22

Description of Proposed Work: NSFD Total Job Cost 223,059.00

#### General Contractor Information

DRB Homes NC LLC

919-279-2339

Building Contractor's Company Name

Telephone

1101 Slater Road, Durham NC 27703

amoss@drbgroup.com

Address

Email Address

68937

HEATED SQ FT 2816 GARAGE SQ FT 547

License #

#### Electrical Contractor Information

Description of Work NSFD Service Size: 220 Amps T-Pole:  Yes        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 Information

Description of Work NSFD

919-266-4415

Weather Master

Telephone

Mechanical Contractor's Company Name

lhill@weathermasterhvac.com

305 Village Drive, Knightdale NC 27545

Email Address

Address

17326

License #

#### Plumbing Contractor Information

Description of Work NSFD

# Baths 3

Weather Master

919-266-4415

Plumbing Contractor's Company Name

Telephone

305 Village Drive, Knightdale NC 27545

lhill@weathermasterhvac.com

Address

17326

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 permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

11/14/2025

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractor(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: 11/14/2025