

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
Site Address: 1101 Slater Road, Durham NC 27303	
Heneveutt Hille	Lot 42
Description of Proposed Work: NSFD	Total Job Cost <u>314,450.00</u>
General Contractor I	· · ·
DRB Homes NC LLC	919-279-2339
Building Contractor's Company Name	Telephone
1101 Slater Road, Durham NC 27303	amoss@drbgroup.com
Address	Email Address
68937 HEATED SQ FT 3344 G	ARAGE SQ FT 759
License #	
Description of Work NSFD	Information rvice Size: 220 Amps T-Pole: Yes No
Romanoff Electric	919-848-4652
Electrical Contractor's Company Name	
3006 Industrial Drive Raleigh NC 27609	thoward@romanoffgroup.cc
Address	Email Address
U-12915	
License #	
Mechanical/HVAC Contract	ctor Information
Description of Work NSFD	
Weather Master	919-266-4415
Mechanical Contractor's Company Name	Telephone
305 Village Drive, Knightdale NC 27545	lhill@weathermasterhvac.com
Address	Email Address
17326	
License # Plumbing Contractor	Information
Description of Work NSFD	
	# Baths <u>2.5</u> 919-658-6109
<u>C&M Plumbing</u> Plumbing Contractor's Company Name	
5427 Hwy US 117 S.Alt., Mount Olive NC 28365	Telephone
Address	<u>cheryl@cmplumbingseptic.</u> con Email Address
19887	
License #	
Insulation Contractor	Information
Tri-City Insulation 7204 BECKY CIRCLE RALEIGH, NO	c 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.

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 ___X 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: 4/22/24