



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: Drees Homes Date 05/06/2024

Site Address 84 Daybreak Way Phone 919-844-9288

Subdivision: Serenity Subdivision Lot 224

Description of Proposed Work: SFD Total Job Cost: 473,880

**General Contractor Information**

Drees Homes 919-844-9288

Building Contractor's Company Name Telephone

8561 Six Forks Road, #500 919-844-9288

Address Email Address

39440 HEATED SQ FT 2254 GARAGE SQ FT

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work SFD Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

All Trades Contractors 919-401-2400

Electrical Contractor's Company Name Telephone

1001 Trinity Road bcusher@alltradecontractors.com

Address Email Address

23179

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work SFD

All Trades Contractors 919-401-2400

Mechanical Contractor's Company Name Telephone

1001 Trinity Road jpring@alltradecontractors.com

Address Email Address

36013

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work SFD # Baths 2.5

Poole's Plumbing 919-991-0384

Plumbing Contractor's Company Name Telephone

200 Tinsteel Court bob@poolesplumbing.com

Address Email Address

21404

License # \_\_\_\_\_

**Insulation Contractor Information**

Tri City Insulation 919-700-0004

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.**

Teri Trefftz  
Signature of Owner/Contractor/Officer(s) of Corporation

05/06/2024  
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: Teri Trefftz Date: 05/06/2024