



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 51 Daybreak Way Phone 919-844-9288

Subdivision: Serenity Subdivision Lot 214

Description of Proposed Work: SFD Total Job Cost : 441,920

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 Tinstee 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

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: Teri Trefftz Date: _____