

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 5/16/24		
Site Address: 373 Winding Creek Drive	Phone 919-279-2339		
Subdivision: The Farm @ Neill's Creek	Lot 66		
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost <u>191,282.00</u>		
General Contractor Informati	on		
DRB Homes- NC LLC	919-279-2339		
Building Contractor's Company Name	Telephone		
1101 Slater Rd. Ste. 300 Durham, NC 27703	amoss@drbgroup.com		
Address	Email Address		
68937 HEATED SQ FT 2082 GARAGE	= SO FT 416		
License #			
Electrical Contractor Information	tion		
Description of Work New Singel Family Dwelling Service Size	e: 200 Amps T-Pole: Yes No		
MSF Electric, Inc.	919-217-9767		
Electrical Contractor's Company Name  Telephone			
2009 Eaglerock Road, Wendell NC 27591	jimw@msfelectric.com		
Address	Email Address		
<u>U.34688</u>			
License #  Mechanical/HVAC Contractor Info	rmation		
Description of Work New Singel Family Dwelling	<u>mation</u>		
Weather Master 919-266-4415			
Mechanical Contractor's Company Name	Telephone		
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.com		
Address	Email Address		
17326			
License #	lian		
Plumbing Contractor Information	2.5		
Description of Work New Singel Family Dwelling	# Baths 2.3		
C&M Plumbing	919-658-6109		
Plumbing Contractor's Company Name  Telephone			
6427 Hwy US 117 S.Alt., Mount Olive NC 28365 cm.plumbing@ymail.co			
Address	Email Address		
19887			
License #	4ian		
Insulation Contractor Informa			
Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615 Insulation Contractor's Company Name & Address	919-790-9684 Telephone		
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\*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.

Ally Moss Signature of Owner/Contractor/Office	r(s) of Corporation	5/16/24 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor	_OwnerX	_ Officer/Agent of the Con	tractor 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: Ally Moss			Date: 5/16/24	
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