



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 5/22/24  
Site Address: 1101 Slater Rd. Ste. 300 Durham, NC 27703 Phone 919-279-2339  
Subdivision: Honeycutt Hills Lot 25  
Description of Proposed Work: NSFD Total Job Cost 330,903.00

**General Contractor Information**

DRB Homes NC LLC 919-279-2339  
Building Contractor's Company Name Telephone  
1101 Slater Rd. Ste. 300 Durham, NC 27703 amos@drbgroup.com  
Address Email Address  
68937 **HEATED SQ FT** 3655 **GARAGE SQ FT** 760  
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  
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 3.5  
C&M Plumbing 919-658-6109  
Plumbing Contractor's Company Name Telephone  
5427 Hwy US 117 S.Alt., Mount Olive NC 28365 cheryl@cmplumbingseptic.com  
Address Email Address  
19887  
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.**

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

5/21/24  
\_\_\_\_\_  
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:  5/21/24