

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 09/04/2024
Site Address: 1101 Slater Rd. Ste. 300 Durham, NC 27703	Phone	919-279-2339
Subdivision: Honeycutt Hills	Lot C	)8
	al Job Cost	\$207,256.00
General Contractor Information		
	9-279-233	9
Building Contractor's Company Name Tele	Telephone	
1101 Slater Rd. Ste. 300 Durham, NC 27703 am	amoss@drbgroup.com	
Address	ail Address	
68937 HEATED SQ FT 2187 GARAGE SQ FT	669	
License #		
Description of Work NSFD Electrical Contractor Information Service Size: 220	Amns T.D	olo: Voc. No.
	919-848-4652 Telephone	
· ·	thoward@romanoffgroup.cc	
	Email Address	
U-12915	an 7 (aa) 000	
License #		
Mechanical/HVAC Contractor Information	<u>1</u>	
Description of Work NSFD		
	919-266-4415	
Mechanical Contractor's Company Name Tele	Telephone	
305 Village Drive, Knightdale NC 27545 Ihil	Ihill@weathermasterhvac.com	
Address	ail Address	
17326		
License #		
Plumbing Contractor Information	0.5	
	# Baths 2.5	
<u>Odivi i idilibilig</u>	919-658-6109	
	Telephone	
	cheryl@cmplumbingseptic.com	
	ail Address	
IMAA		
19887		
License #		
License #  Insulation Contractor Information	9-790-968	34

\*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.

<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.
09/04/2024
Signature of Owner/Contractor/Officer(s) of Corporation Date
A (" Lo " ( W Lo . Lo
Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General Contractor OwnerX 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:Date: