

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 10/11/2024
Site Address: 397 Adams Pointe Court	Phone	919-279-2339
Subdivision: Honeycutt Hills	Lot	24
Description of Proposed Work: NSFD	_ Total Job Cost	\$223,059.00
General Contractor Information		
DRB Homes NC LLC	919-279-233	9
Building Contractor's Company Name	Telephone	
1101 Slater Rd. Ste. 300 Durham, NC 27703	amoss@drbgroup.com	
Address	Email Address	
68937 HEATED SQ FT 2768 GARAGE SQ	FT 777	
License #		
Description of Work NSFD Electrical Contractor Information Service Size: 2) 220 Amps TE	Pole: YesNo
Romanoff Electric		
Electrical Contractor's Company Name	919-848-4652 Talanhana	
3006 Industrial Drive Raleigh NC 27609	Telephone thoward@romanoffgroup.cc	
Address	Email Address	
U-12915	Liliali Address	
License #		
Mechanical/HVAC Contractor Information	ation_	
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	<u>l</u>	
Description of Work NSFD	_# Baths3_	
C&M Plumbing	919-658-610	9
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 RECKY CIPCLE PALEICH NC	<u>1</u> 919-790-96	8 4
Tri-City Insulation 7204 BECKY CIRCLE RALEIGH, NC Insulation Contractor's Company Name & Address	-	_
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.	
	10/11/2024
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comp The undersigned applicant being the:	pensation N.C.G.S. 87-14
General Contractor OwnerX	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perset forth in the permit:	son(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtthem.	tained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employees and no subco	ontractors.
While working on the project for which this permit is sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prior
Sign w/Title:	Date: 10/11/2024