

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 10/21/2024
Site Address: 337 Shelby Meadow Lane	Phone 919-279-2339
	Lot 14
Description of Proposed Work: NSFD	Total Job Cost
General Contractor Informa	tion
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 3399 GARAGE	SQ FT 760
License #	
Description of Work NSFD Electrical Contractor Information Service Size	ation ze: 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 Inf	<u>ormation</u>
Description of Work NSFD	
Weather Master	919-266-4415
Mechanical Contractor's Company Name	Telephone
305 Village Drive, Knightdale NC 27545	Ihill@weathermasterhvac.com
Address	Email Address
17326	
License #	-4:
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 Inform	ation
Tri-City Insulation 7204 BECKY CIRCLE RALEIGH, NC	919-790-9684
Insulation Contractor's Company Name & Address	

*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.

is as per current fee schedule.	
Signature of Owner/Contractor/Officer(s) of Corporation 10/21/2024 Date	
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: 10/21/2024	