

Application # _____

* Each section below to be filled out by whomever performing work, Must be owner or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Drees Homes	Date:08/27/2024
Site Address 55 Graceful Row	Phone. 919-844-9288
Subdivision: Serenity	Lot: 354
Description of Proposed Work: SFD	
General Contractor Informatio	n
Drees Homes	919-844-9288
Building Contractor's Company Name	Telephone
8521 Six Forks Road, Suite 500	ttrefftzs@dreeshomes.com
Address	Emall Address
39440 https://doi.org/10.000/	
License #	
Electrical Contractor Information	on
	Amps T-Pole: X Yes No
All Trade Contractors	919-481-2499
Electrical Contractor's Company Name	Telephone
1001 Trinity Road	dcusher@alltradecontractors.co
Address	Emall Address
23179	tominopolito diam to (ii) ono soli . Dist
License #	andle u
Mechanical/HVAC Contractor Inform	nation
Description of Work SFD	as second no possion
All Trade Contracors	919-481-2499
Mechanical Contractor's Company Name	Telephone
1001 Trinity Road	jpring@alltradecontractors.com
Address	Email Address
36013	
License #	
Plumbing Contractor Information	
Description of Work SFD	_# Baths3
Poole's Plumbing	919-661-6334
Plumbing Contractor's Company Name	Telephone
200 Tinsteel Court	bob@poolesplumblng.com
Address	Email Address
21404	
License #	
Insulation Contractor Informatio	
TrlCity, 7204 Becky Circle, Raleigh, NC 27615	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

- 11/22/2024

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General Contractor Owner 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:
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 Permitling 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 permitled work from any person, firm or corporation carrying out the work.
Sign w/Title:
(//-)