



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 12/13/2024
Site Address: 291 Alden Way Phone 919.279.2339
Subdivision: Campbell Ridge Lot 14
Description of Proposed Work: NSFD Total Job Cost \$181,498.00

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** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work NSFD Service Size: 220 Amps T-Pole: X Yes ___ No
Romanoff Electric 919.848.4652
Electrical Contractor's Company Name Telephone
3006 Industrial Dr. Raleigh NC 27609 thoward@romanoffgroup.cc
Address Email Address
U-12915
License #

Mechanical/HVAC Contractor Information

Description of Work NSFD
Romanoff HVAC 919.848.4652
Mechanical Contractor's Company Name Telephone
3006 Industrial Dr. Raleigh NC 27609 thoward@romanoffgroup.cc
Address Email Address
22375
License #

Plumbing Contractor Information

Description of Work NSFD # Baths 3
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

12/13/2024

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: 12/13/2024