

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	<sub>Date</sub> 12/27/24
440 147 17 0 1 5 7	Phone <u>919-279-2339</u>
	Lot <u>63</u>
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost 223,059.00
General Contractor Information	
DRB Homes- NC LLC	919-279-2339
Building Contractor's Company Name	Telephone
1101 Slater Rd. Ste. 300 Durham, NC 27703	amoss@drbgroup.com
Address	Email Address
68937 HEATED SQ FT 2877 GARAGE	SQ FT 777
License #	
Electrical Contractor Informa	ation
Description of Work New Singel Family Dwelling Service Size	ze: <u>200</u> Amps T-Pole: <u>\( \frac{1}{2} \) Yes \( \frac{1}{2} \) No</u>
MSF Electric, Inc.	919-217-9767
Electrical Contractor's Company Name	Telephone
2009 Eaglerock Road, Wendell NC 27591	<u>jimw@msfelectric.com</u> Email Address
Address	Email Address
<u>U.34688</u> License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work New Singel Family Dwelling	<del></del>
Weather Master	010 266 4415
Mechanical Contractor's Company Name	919-266-4415 Telephone
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.com
Address	Email Address
17326	Lindii Addioss
License #	
Plumbing Contractor Informa	ation_
Description of Work New Singel Family Dwelling	#Baths 3
C&M Plumbing	919-658-6109
Plumbing Contractor's Company Name	Telephone
5427 Hwy US 117 S.Alt., Mount Olive NC 28365	cm.plumbing@ymail.com
Address	Email Address
19887	
License #	
Inculation Contractor Inform	
Insulation Contractor Information	ation_
Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615	ation 919-790-9684

\*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.

Ally Wass.	12/27/24	
Ally Woss Signature of Owner/Contractor/Officer(s) of Corporation	on 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: Ally Moss	Date:12/27/24	