

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 02/17/2025
	Phone 919.279.2339
Subdivision: Campbell Ridge	
Description of Proposed Work: NSFD	Total Job Cost <u>\$181,498.00</u>
General Contractor Information	
DRB Homes NC LLC	919.279.2339
Building Contractor's Company Name	Telephone
1101 Slater Rd. Ste. 300 Durham, NC 27703	raleighpermits@drbgroup.com
Address	Email Address
68937 HEATED SQ FT 2236 GARAGE	SQ FT_394
License #	
Electrical Contractor Informat	
•	e: <u>220 Amps T-Pole: X Yes No</u>
Romanoff Electric	919.848.4652
Electrical Contractor's Company Name	Telephone
3006 Industrial Dr. Raleigh NC 27609	thoward@romanoffgroup.cc
Address	Email Address
<u>U-12915</u> License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work NSFD	
Romanoff HVAC	919.848.4652
Mechanical Contractor's Company Name	Telephone
· ·	thoward@romanoffgroup.cc
3006 Industrial Dr. Raleigh NC 27609 Address	Email Address
22375	Linaii Addiess
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Plumbing Contractor Information	
Description of Work NSFD	# Baths 2
Weather Master Plumbing	919.266.4415
Plumbing Contractor's Company Name	Telephone
305 Village Drive; Knightdale NC 27545	Ihill@weathermasterhvac.com
Address	Email Address
17326	•
License #	
Machathon Contractor Information Machathon Mac	
Tri-City Insulation 7204 Becky Circle Raleigh, NC	
Insulation Contractor's Company Name & Address	919.790.9684 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.		
Simply up of Owner/Control to v/Office v/o) of Company in	02/17/2025	
Signature of Owner/Contractor/Officer(s) of Corporation	n Date	
Affidavit for Worker's Cor	npensation 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: 02/17/2025	