

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 03/04/2025   |  |
|---|---|--|
|   | Phone 919-279-2339  |  |
| Subdivision: The Farm @ Neill's Creek                       | Lot <u>39</u>   |  |
| Description of Proposed Work: New Singel Family Dwelling    |   |  |
| General Contractor Information                              | <u>on</u>   |  |
| PRB 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_2234 GARAGE S                            | SQ FT 434   |  |
| License #   |   |  |
| Description of Work New Singel Family Dwelling Service Size | <u>ion</u><br>:: <u>200</u> Amps T-Pole: <mark>√</mark> YesNo |  |
|   | 919-217-9767  |  |
| MSF Electric, Inc. Electrical Contractor's Company Name     | Telephone   |  |
| 2009 Eaglerock Road, Wendell NC 27591                       | jimw@msfelectric.com  |  |
| Address   | Email Address   |  |
| U.34688   |   |  |
| License #   |   |  |
| Mechanical/HVAC Contractor Infor                            | <u>mation</u>   |  |
| Description of Work New Singel Family Dwelling              |   |  |
| Weather Master  | 919-266-4415  |  |
| Mechanical Contractor's Company Name                        | Telephone   |  |
| 305 Village Drive, Knightdale NC 27545                      | krollins@weathermasterhvac.com                                |  |
| Address Email Address                                       |   |  |
| 17326   |   |  |
| License #   |   |  |
| Plumbing Contractor Informat                                |   |  |
| Description of Work New Single Family Dwelling              | # Baths 2   |  |
| Romanoff Plumbing   | 919-848-4652  |  |
| Plumbing Contractor's Company Name                          | Telephone   |  |
| 3006 Industrial Drive, Raleigh NC 27609                     | uschlueter@romanoffgroup.com                                  |  |
| Address   | Email Address   |  |
| 29022   |   |  |
| License #   | :   |  |
| Insulation Contractor Informat                              |   |  |
| Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615     | 919-790-9684<br>Talanhara                                     |  |
| 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.

| Ally Woss   |                    | 03/04/2025                |                    |  |
|---|--------------------|---------------------------|--------------------|--|
| Ally Moss Signature of Owner/Contractor/Officer   | (s) of Corporation | 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 Co | ontractor 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: 03/04/2025   |  |
|   |                    |                           |                    |  |