



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 4/4/2025
Site Address: 113 Appleseed Drive Phone 919-279-2339
Subdivision: The Farm @ Neill's Creek Lot 180
Description of Proposed Work: New Singel Family Dwelling Total Job Cost \$176,698.00

General Contractor InformationDRB Homes- NC LLC919-279-2339

Building Contractor's Company Name

Telephone

1101 Slater Rd. Ste. 300 Durham, NC 27703amoss@drbgroupp.com

Address

Email Address

68937HEATED SQ FT 2347GARAGE SQ FT 457

License #

Electrical Contractor InformationDescription of Work New Singel Family Dwelling Service Size: 200 Amps T-Pole: ☒ Yes ☐ NoMSF Electric, Inc.919-217-9767

Electrical Contractor's Company Name

Telephone

2009 Eaglerock Road, Wendell NC 27591jimw@msfelectric.com

Address

Email Address

U.34688

License #

Mechanical/HVAC Contractor InformationDescription of Work New Singel Family DwellingWeather Master919-266-4415

Mechanical Contractor's Company Name

Telephone

305 Village Drive, Knightdale NC 27545krollins@weathermasterhvac.com

Address

Email Address

17326

License #

Plumbing Contractor InformationDescription of Work New Single Family Dwelling# Baths 2.5Romanoff Plumbing919-848-4652

Plumbing Contractor's Company Name

Telephone

3006 Industrial Drive, Raleigh NC 27609usclueter@romanoffgroup.com

Address

Email Address

29022

License #

Insulation Contractor InformationTri-City Insulation 7204 Becky Circle, Raleigh NC 27615919-790-9684

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.

Ally Moss
Signature of Owner/Contractor/Officer(s) of Corporation

4/4/2025
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: 4/4/2025