



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 04/28/2025Site Address: 102 Alden Way Phone 919.279.2339Subdivision: Campbell Ridge Lot 02Description of Proposed Work: NSFD Total Job Cost \$330,903.00**General Contractor Information**DRB Homes NC LLC

Building Contractor's Company Name

1101 Slater Rd. Ste. 300 Durham, NC 27703

Address

68937

License #

919.279.2339

Telephone

raleighpermits@drbgroup.com

Email Address

HEATED SQ FT 3399 GARAGE SQ FT 761**Electrical Contractor Information**Description of Work NSFD Service Size: 220 Amps T-Pole: X Yes \_\_\_ NoRomanoff Electric

Electrical Contractor's Company Name

3006 Industrial Dr. Raleigh NC 27609

Address

U-12915

License #

919.848.4652

Telephone

thoward@romanoffgroup.cc

Email Address

**Mechanical/HVAC Contractor Information**Description of Work NSFDRomanoff HVAC

Mechanical Contractor's Company Name

3006 Industrial Dr. Raleigh NC 27609

Address

22375

License #

919.848.4652

Telephone

thoward@romanoffgroup.cc

Email Address

**Plumbing Contractor Information**Description of Work NSFD # Baths 3.5Weather Master Plumbing

Plumbing Contractor's Company Name

305 Village Drive; Knightdale NC 27545

Address

17326

License #

919.266.4415

Telephone

lhill@weathermasterhvac.com

Email Address

**Insulation Contractor Information**Tri-City Insulation 7204 Becky Circle Raleigh, NC

Insulation Contractor's Company Name &amp; 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.**

*Allyson Moss*  
Signature of Owner/Contractor/Officer(s) of Corporation

04/28/2025  
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: *Allyson Moss* Date: 04/28/2025