

RESIDENTIAL BUILDING APPLICATION

Site Address: TBD Cultivator Court PIN: 0693-17-8202.000

Owner: Drees Homes Phone: 919-844-9288 Email: ttrefftzs@dreeshomes.com

Description of Proposed Work: SFD Total Job Cost: 710,325

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Drees Homes 919-256-5478
General Contractor's Company Name Phone
8521 Six Forks Road, #500, Raleigh ttrefftzs@dreeshomes.com
Address Email
39440
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD Service Size: 200 Amps T-Pole: YES NO
A. Maynor Services 919-361-0993
Electrical Contractor's Company Name Phone
1000 Goodworth Drive, Apex, NC 27539 norm@maynorservices.com
Address Email
23179
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD
A. Maynor Services 919-361-0993
Mechanical Contractor's Company Name Phone
1000 Goodworth Drive, Apex, NC 27539 gerald@maynorservices.com
Address Email
L.12309
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: 4.5
A. Maynor Services 919-361-0993
Plumbing Contractor's Company Name Phone
1000 Goodworth Drive, Apex, NC 27539 roger.gilbert@maynorservices.com
Address Email
License #

INSULATION CONTRACTOR INFORMATION

31-W Hein Drive, Garner NC 919-662-9980
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer 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 Contractor or Owner

Does 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 3 or more employees and has obtained workers’ compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers’ compensation insurance to cover them,

_____ Has 1 or more subcontractors who has their own policy of workers’ compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers’ compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation

Date