

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

ner's Name: DRB Homes- NC LLC Date 06/12/20		
Site Address: 73 Little Branch Drive	Phone <u>919-279-2339</u>	
Subdivision: The Farm @ Neill's Creek	Lot 154	
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost <u>\$223,059.00</u>	
General Contractor Information	ation	
DRB Homes- NC LLC	919-279-2339	
Building Contractor's Company Name	Telephone	
1101 Slater Rd. Ste. 300 Durham, NC 27703 amoss@drbgroup.c		
Address	Email Address	
68937 HEATED SQ FT 2997 GARAG	SQ FT 547	
License #		
Electrical Contractor Inform	nation	
	ize: 200 Amps T-Pole: Yes No	
MSF Electric, Inc. Electrical Contractor's Company Name	919-217-9767	
, ,	Telephone	
2009 Eaglerock Road, Wendell NC 27591	<u>iimw@msfelectric.com</u> Email Address	
Address	Email Address	
Mechanical/HVAC Contractor In	formation	
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	2.114.117.144.1555	
License #		
Plumbing Contractor Inform	<u>nation</u>	
Description of Work New Single Family Dwelling	# Baths 2.5	
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 Inforn	<u>nation</u>	
Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615	919-790-9684	
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		06/12/202	5	
Ally Moss Signature of Owner/Contractor/Office	er(s) of Corporation	Date	<u></u>	
Affidavit for Worker's Compensation N.C.G.S. 87-14				
The undersigned applicant being the	Э :			
General Contractor	OwnerX	Officer/Agent of the Co	ntractor 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 employ	ees and has obtair	ned workers' compensation	n 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: <u>06/12/2025</u>	
V				