



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out
by whomever performing work.
Must be owner or licensed
contractor. Address, company
name & phone must match
information on license.

Application for Residential Building and Trades Permit

Owner's Name: Drees Homes Date: 07/23/2025
Site Address: 55 Elm Grove Ave, Phone: 919-844-9288
Subdivision: Serenity Lot: 441
Description of Proposed Work: SFD

General Contractor Information

Drees Homes 919-844-9288
Building Contractor's Company Name Telephone
8521 Six Forks Road, Suite 500 ttreftzs@dreeshomes.com
Address Email Address
39440
License # _____

Electrical Contractor Information

Description of Work SFD Service Size: _____ Amps T-Pole: ☒ Yes ☐ No
All Trade Contractors 919-481-2499
Electrical Contractor's Company Name Telephone
1001 Trinity Road dcusher@alltradecontractors.com
Address Email Address
23179
License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD
All Trade Contractors 919-481-2499
Mechanical Contractor's Company Name Telephone
1001 Trinity Road jpring@alltradecontractors.com
Address Email Address
36013
License # _____

Plumbing Contractor Information

Description of Work SFD # Baths 3.5
Poole's Plumbing 919-661-6334
Plumbing Contractor's Company Name Telephone
200 Tinsteele Court bob@poolesplumbing.com
Address Email Address
21404
License # _____

Insulation Contractor Information

TriCity, 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.


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

07/23/2025

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

☐ General Contractor ☐ Owner ☒ 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:

☒ 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:  Permit Coordinator Date: 07/23/2025