

RESIDENTIAL BUILDING APPLICATION

Site Address: TBD Sneed Lane (need address) PIN: 0655-14-6622.00
Owner: Andrew and Jaime Brenner Phone: 603.489.8972 Email: Crewbrenner@hotmail.com
Description of Proposed Work: New single Family Dwelling Total Job Cost: \$550,000

GENERAL CONTRACTOR INFORMATION

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

The Drees Company 919-844-9288
General Contractor's Company Name Phone
8521 Six Forks Rd. Suite 500 27615 hammonds@dreeshomes.com
Address Email
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 Phone
1001 Trinity Road Raleigh, NC 27607 dcusher@alltradecontractors.com
Address Email
23179
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: SFD
All Trade Contractors 919-481-2499
Mechanical Contractor's Company Name Phone
1001 Trinity Road Raleigh, NC 27607 jPring@alltradecontractors.com
Address Email
36013
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD # of Fixtures: 3.5
A. Maynor's Heating + Air Conditioning 919-361-0993
Plumbing Contractor's Company Name Phone
1000 Goodworth Dr. Apex, NC 27539 Tammy@maynorservices.com
Address Email
12309
License #

INSULATION CONTRACTOR INFORMATION

Live Green 919-453-6411
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.

Patricia Hammond
Signature of Owner/Contractor/Officer of Corporation

9/3/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ 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.

Patricia Hammond
Signature of Owner/Contractor/Officer of Corporation

9/3/25
Date