



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

Owner's Name: Drees Homes Date 09/17/2025

Site Address: 256 Crop Road Phone 919-844-9288

Subdivision: Tobacco Road Lot 140

Description of Proposed Work: NSFD Total Job Cost _____

General Contractor Information

Drees Homes 919-844-9288
Building Contractor's Company Name Telephone
8521 Six Forks Road, #500
Address ttrefftzs@dreeshomes.com
Email Address
39440 HEATED SQ FT 3225 GARAGE SQ FT 948
License #

Electrical Contractor Information

Description of Work SFD Service Size: _____ Amps T-Pole: X Yes ___ No
A. Maynor Services 919-361-0993
Electrical Contractor's Company Name Telephone
1000 Goodworth Drive, Apex norm@maynorservices.com
Address Email Address
11348
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
A. Maynor Services 919-361-0993
Mechanical Contractor's Company Name Telephone
1000 Goodworth Drive, Apex gerald@maynorservices.com
Address Email Address
36504
License #

Plumbing Contractor Information

Description of Work SFD # Baths 5
A Maynor Services 919-361-0993
Plumbing Contractor's Company Name Telephone
1000 Goodworth Drive, Apex roger.gilbert@maynorservices.com
Address Email Address
12309
License #

Insulation Contractor Information

Tri City Insulation 919-700-0004
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

Date

9/14/2025

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:

Date:

9/14/2025