

RESIDENTIAL BUILDING APPLICATION

Site Address: 117 Elm Grove Avenue PIN: 0655-04-3864.000

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

Description of Proposed Work: NSFD Total Job Cost: 435,930

GENERAL CONTRACTOR INFORMATION

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

Drees Homes	919-844-9288
General Contractor's Company Name	Phone
8521 Six Forks Road, #500, Raleigh, NC	ttrefftzs@dreeshomes.com
Address	Email
39440	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: SFD	Service Size: 200 Amps	T-Pole: YES ☒ NO ☐
All Trade Contractors	919-481-2499	
Electrical Contractor's Company Name	Phone	
1001 Trinity Road	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	dcusher@alltradecontractors.com	
Address	Email	
36013		
License #		

PLUMBING CONTRACTOR INFORMATION

Description of Work: SFD	# of Fixtures: 3	
Poole's Plumbing	919-661-6335	
Plumbing Contractor's Company Name	Phone	
200 Tinstee Court	bob@poolesplumbing.com	
Address	Email	
21404		
License #		

INSULATION CONTRACTOR INFORMATION

Tri City Insulation, 7204 Becky Circle, Raleigh, NC 27615	919-790-9884
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.

Teri Trefftz

Signature of Owner/Contractor/Officer of Corporation

10/06/2025

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

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.

Teri Trefftz

Signature of Owner/Contractor/Officer of Corporation

10/06/2025

Date