

## RESIDENTIAL BUILDING APPLICATION

Site Address: 320 Crop Road, Lot 137 PIN: 0693-05-5500.000  
Owner: Drees Homes Phone: 919-256-5478 Email: ttrefftzs@dreeshomes.com  
Description of Proposed Work: SFD Total Job Cost: 494,505

### GENERAL CONTRACTOR INFORMATION

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

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

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: <u>SFD</u>	Service Size: <u>200x</u> Amps	T-Pole: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>A. Maynor Services</u>	<u>919-361-0993</u>	
<u>Electrical Contractor's Company Name</u>	<u>Phone</u>	
<u>1000 Goodworth Drive, Apex, NC</u>	<u>norm@maynorservices.com</u>	
<u>Address</u>	<u>Email</u>	
<u>11348</u>		
<u>License #</u>		

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: <u>SFD</u>	
<u>A. Maynor Services</u>	<u>919-361-0993</u>
<u>Mechanical Contractor's Company Name</u>	<u>Phone</u>
<u>1000 Goodworth Drive, Apex, NC</u>	<u>ttrefftzs@dreeshomes.com</u>
<u>Address</u>	<u>Email</u>
<u>36504</u>	
<u>License #</u>	

### PLUMBING CONTRACTOR INFORMATION

Description of Work: <u>SFD</u>	# of Fixtures: <u>4.5</u>
<u>A. Maynor Services</u>	<u>919-361-0993</u>
<u>Plumbing Contractor's Company Name</u>	<u>Phone</u>
<u>1000 Goodworth Drive, Apex, NC</u>	<u>ttrefftzs@dreeshomes.com</u>
<u>Address</u>	<u>Email</u>
<u>L.12309</u>	
<u>License #</u>	

### INSULATION CONTRACTOR INFORMATION

<u>Tri City Insulation</u>	<u>919-700-0004</u>
<u>Insulation Contractor's Company Name</u>	<u>Phone</u>



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.**

  
Signature of Owner/Contractor/Officer of Corporation

  
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.

  
Signature of Owner/Contractor/Officer of Corporation

  
Date