(MODEL) GARAGE WILL BE TEMPORARILY CONVERTED INTO SALES OFFICE SPACE AND WILL BE CONVERTED BACK TO TRADITIONAL GARAGE SPACE UPON COMPLETION OF THE COMMUNITY



Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

	0/45/0005
Owner's Name: NVR INC DBA RYAN HOMES	Date: <u>8/15/2025</u>
Site Address: 0680-09-3555.000 - CHANCELLOR DRIVE - LO	T 6 Phone: 919-987-1930
Subdivision: NORTH MAIN TOWNES	Lot: 6 (MODEL)
Description of Proposed Work: NEW SINGLE FAMILY DETACHED HOME (M	MODEL) Total Job Cost: <u>\$124,651</u>
General Contractor Informa	ation
NVR INC DBA RYAN HOMES	919-647-7972
Building Contractor's Company Name	Telephone
5734 TRINITY ROAD, SUITE 200	bmacialek@nvrinc.com
Address	Email Address
42783 HEATED SQ FT 1430 GARAG	E SQ FT 232 24 SF - FRONT COVERED PORCH
License #	TUXTZ REAR PATIO
Description of Work ALL ELECTRICAL WORK Service S	<u>ation</u> ize:Amps T-Pole: X_YesNo
•	
Romanoff Electric Residential LLC Electrical Contractor's Company Name	_ <u>919-848-4652</u> Telephone
·	relephone
3006 Industrial Drive, Suite 120 Raleigh, NC 27609 Address	Email Address
_U. 12915	
License #	
Mechanical/HVAC Contractor In	<u>formation</u>
Description of Work ALL MECHANICAL WORK	
MAC BROS MECHANICAL LLC	919-901-7015
Mechanical Contractor's Company Name	Telephone
702 NORTH FAYETTEVILLE AVE DUNN NC 28334	
Address	Email Address
33255	
License #	
Plumbing Contractor Inform	<u>ration</u>
Description of Work ALL PLUMBING WORK	# Baths_ 2.5
ALL AMERICAN PLUMBING	910-897-3001
Plumbing Contractor's Company Name	Telephone
157 LEMON STREET COATS NC 27521	javery@aapcoinc.net
Address	Email Address
23263	
License #	4:
Insulation Contractor Inform	
RI-CITY INSULATION 7204 BECK CIR RALEIGH NC 27615	
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-bermission 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.

8/15/2025

orginature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
General Contractor OwnerX_ 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:	
X 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: BRADGCTMACAALCK Date: 8/15/2025	