

RESIDENTIAL BUILDING APPLICATION

Site Address: 0680-09-3515.000 - CHANCELLOR DRIVE - LOT 8 PIN: 0680-09-3515.000

Owner: NVR, INC. DBA RYAN HOMES Phone: 919-987-1930 Email: bmacialek@nvrinc.com

Description of Proposed Work: A NEW SINGLE FAMILY TOWNHOME Total Job Cost: \$117,843

GENERAL CONTRACTOR INFORMATION

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

<u>NVR, INC DBA RYAN HOMES</u> General Contractor's Company Name <u>5734 TRINITY RD, STE 200 RALEIGH, NC 27607</u> Address <u>42783</u> License #	<u>919-647-7972</u> Phone <u>bmacialek@nvrinc.com</u> Email
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ELECTRICAL CONTRACTOR INFORMATION

Description of Work: <u>ALL ELECTRICAL WORK</u> <u>Romanoff Electric Residential LLC</u> Electrical Contractor's Company Name <u>3006 Industrial Drive, Suite 120 Raleigh, NC 27609</u> Address <u>U. 12915</u> License #	Service Size: <u>200</u> Amps T-Pole: YES ☒ NO ☐ <u>919-848-4652</u> Phone _____ Email
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MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: <u>ALL HVAC / MECHANICAL WORK</u> <u>MAC BROS MECHANICAL LLC</u> Mechanical Contractor's Company Name <u>702 NORTH FATETTEVILLE AVE DUNN NC 28334</u> Address <u>33255</u> License #	<u>919-901-7015</u> Phone _____ Email
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PLUMBING CONTRACTOR INFORMATION

Description of Work: <u>ALL PLUMBING WORK</u> # of Fixtures: <u>2.5</u> <u>ALL AMERICAN PLUMBING</u> Plumbing Contractor's Company Name <u>157 Lemon Street COATS, NC 27521</u> Address <u>L.23263</u> License #	_____ Phone <u>javery@2aapcoinc.net</u> Email
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INSULATION CONTRACTOR INFORMATION

<u>TRI-CITY INSULATION 7204 BECK CIR RALEIGH NC 27615</u> Insulation Contractor's Company Name	<u>919-790-9684</u> Phone
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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.

BRIDGET MACALEX

Signature of Owner/Contractor/Officer of Corporation

8/15/2025

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner X 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:

 X 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.

BRIDGET MACALEX

Signature of Owner/Contractor/Officer of Corporation

8/15/2025

Date