

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

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Application for Residential Building and Trades Permit

Owner's Name: Dan Ryan Builders	Date:1/21/2020
Site Address: Windbrook Ct	Phone: 919-306-3210
Subdivision: _Olde Mill	Lot: 2
Description of Proposed Work: New Construction	Total Job Cost: 126,412.00
General Contractor Informatio	
Dan Ryan Builders	919-747-4970
Building Contractor's Company Name	Telephone
3000 RDU Center Dr Ste 202 Morrisville, NC	escheer@drbgroup.com
Address 68937	Email Address
License #	
Electrical Contractor Information	<u>on</u>
Description of Work New construction SF Service Size:	
MSF Electric	919-217-9767
Electrical Contractor's Company Name	Telephone
2009 Eaglerock Rd Farmington, MI 28332	_jimw@msfelec.com
Address	Email Address
U-30306	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work New construction SF	THE STATE OF THE S
American Residential Services	040 400 4407
Mechanical Contractor's Company Name	919-493-1407 Talanhana
	Telephone
517 Pylon Dr Address	Email Address
23253	Email Address
License #	
Plumbing Contractor Information	on
Description of Work new construction SF	# Baths 2.5
C&M Plumbing	919-658-6109
Plumbing Contractor's Company Name	Telephone
5427 HWY 117 S. Alt Mount Olive, NC 28365	cm.plumbing@ymail.com
Address	Email Address
19887	Email / Idal 633
License #	
Insulation Contractor Information	<u>on</u>
Insulation 519 Old Drug Store Rd Garner, NC 2752	9 919-661-0999
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 bysigning-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

1/21/2020

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	
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.	
X 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: Director of Operations Date: 1/21/2020	