



Application # SFD2001-0066

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.

Application for Residential Building and Trades Permit

Owner's Name: Penny Road developers Date: 1/17/20
Site Address: _____ Phone: 919-362-7336
Subdivision: Quail Glen Lot: 33
Description of Proposed Work: New SF HOME

General Contractor Information

NVR inc. dba Ryan Homes 703-713-2660
Building Contractor's Company Name Telephone
5734 Trinity Rd. Suite 200 Raleigh NC Nchaman@NVRinc.com
Address 27667 Email Address
42783
License #

Electrical Contractor Information

Description of Work All electrical Service Size: 200 Amps T-Pole: Yes No
Absolute Power 919-945-4136
Electrical Contractor's Company Name Telephone
5448 Apex Parkway #301, Apex NC 27509 Mhawington@absolutepowercompany.com
Address 10980-U Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work All HVAC
Dolan Design 919-846-8630
Mechanical Contractor's Company Name Telephone
3209 Wellington Ct. #107 Raleigh NC Larry@dolandesignhvac.com
Address 27615 Email Address
20026
License #

Plumbing Contractor Information

Description of Work All Plumbing # Baths 3
All American Plumbing 910-847-3001
Plumbing Contractor's Company Name Telephone
157 E. Lemon St. Coats NC 27521 Javery@AAPCOMC.net
Address 23263 Email Address
License #

Insulation Contractor Information

Builders Insulation 9521 Lumley R 919-788-9806
Insulation Contractor's Company Name & Address Raleigh NC 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 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

11/17/20

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

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.

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:  _____ Date: 11/17/20

Special Assignments Manager