

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.

## Application for Residential Building and Trades Permit

Owner's Name: <u>Dan Ryan Builders</u>	Date: <u>3/26/2020</u>
21 Windhnach Ct	Phone: <u>919-747-4970</u>
Subdivision: <u>Olde Mill Village</u>	Lot:5
Description of Proposed Work: <u>New Construction SF</u>	_ Total Job Cost: <u>126,874.00</u>
General Contractor Information	<u>l</u>
Dan Ryan Builders NC LLC	919-306-3210
Building Contractor's Company Name	Telephone
3000 RDU center Dr Ste 202 Morrisville, NC 27560	escheer@drbgroup.com
Address	Email Address
68937	
License #	
Electrical Contractor Information	
Description of Work <u>New Construction SF</u> Service Size:	200 Amps 1-Pole: <u>x</u> res <u>No</u>
MSF Electric	<u>919-217-9767</u>
Electrical Contractor's Company Name	Telephone
2009 EAGLEROCK RD WENDELL, NC 27591	jimw@msfelec.com
Address U-30306	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
New Construction CE	
Description of Work New Construction SF	
Description of Work <u>New Construction SF</u> American Residential Services	919-493-1407
	<u>919-493-1407</u> Telephone
American Residential Services Mechanical Contractor's Company Name	
American Residential Services	
<u>American Residential Services</u> Mechanical Contractor's Company Name <u>517 Pylon Dr</u> Address	Telephone
American Residential Services Mechanical Contractor's Company Name 517 Pylon Dr Address 23253 License #	Telephone Email Address
American Residential Services Mechanical Contractor's Company Name <u>517 Pylon Dr</u> Address 2 <u>3253</u> License # Plumbing Contractor Informatio	Telephone Email Address
American Residential Services Mechanical Contractor's Company Name 517 Pylon Dr Address 23253 License #	Telephone Email Address
American Residential Services Mechanical Contractor's Company Name <u>517 Pylon Dr</u> Address 2 <u>3253</u> License # Plumbing Contractor Informatio	Telephone Email Address <u>n</u>
American Residential Services   Mechanical Contractor's Company Name   517 PyLon Dr   Address   23253   License #   Plumbing Contractor Informatio   Description of Work New Construction SF	Telephone Email Address n# Baths_2.5
American Residential Services   Mechanical Contractor's Company Name   517 PyLon Dr   Address   23253   License #   Plumbing Contractor Informatio   Description of Work New Construction SF   C&M PLumbing   Plumbing Contractor's Company Name	Telephone Email Address <u>n</u> _# Baths_ <u>2.5</u> _919-658-6109
American Residential Services   Mechanical Contractor's Company Name   517 PyLon Dr   Address   23253   License #   Plumbing Contractor Informatio   Description of Work   New Construction SF   C&M PLumbing	Telephone Email Address <u>n</u> _# Baths <u>2.5</u> <u>919-658-6109</u> Telephone
American Residential Services   Mechanical Contractor's Company Name   517 Pylon Dr   Address   23253   License #   Plumbing Contractor Informatio   Description of Work   New Construction SF   C&M Plumbing   Plumbing Contractor's Company Name   5427 HWY 117 S Alt Mount Olive, NC 28365	Telephone Email Address <u>n</u> _# Baths <u>2.5</u> <u>919-658-6109</u> Telephone cm.plumbing@ymail.com
American Residential Services   Mechanical Contractor's Company Name   517 Pylon Dr   Address   23253   License #   Plumbing Contractor Informatio   Description of Work   New Construction SF   C&M Plumbing   Plumbing Contractor's Company Name   5427 HWY 117 S Alt Mount Olive, NC 28365   Address   19887   License #	Telephone Email Address <u>n</u> _# Baths_2.5 <u>919-658-6109</u> Telephone <u>cm.pLumbing@ymail.com</u> Email Address
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\*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.

Brian Johnston Signature of Owner/Contractor/Officer(s) of Corporation

3/26/2020 Date

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

The undersigned applicant being the:

General Contractor Owner <sup>X</sup> 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.

х 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: Brian Johnston - Director of Operations	Date: 3/26/2020
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