



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: Dan Ryan Builders Date: 3-17-20
Site Address: 569 Mill Bend Dr Phone: 919-747-4970
Subdivision: Olde Mill Village Lot: 36
Description of Proposed Work: New Construction Total Job Cost: 165,393.00

General Contractor Information

Dan Ryan Builders 919-747-4970
Building Contractor's Company Name Telephone
3000 RDU Center Dr Ste 202 Morrisville, NC escheer@drbgroup.com
Address Email Address
68937
License #

Electrical Contractor Information

Description of Work New Construction SF Service Size: 200 Amps T-Pole: X Yes No
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 Information

Description of Work New Construction SF
American Residential Services 919-493-1407
Mechanical Contractor's Company Name Telephone
517 Pylon Dr
Address Email Address
23253
License #

Plumbing Contractor Information

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
License #

Insulation Contractor Information

Tatum Insulation 519 Old Drug Store Rd Garner, NC 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 **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

311712020
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:  - Director of Operations Date: 311712020