

Application #

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.		
Owner's Name: NVR INC DBA RYAN HOMES	Date: 6/12/20	
Site Address: 129 BARK WAY	Phone: 919-987-1970	
Subdivision: QUAIL GLEN	Lot: 53	
Description of Proposed Work: New Single Family Construction		
General Contractor Information		
NVR INC DBA RYAN HOMES	919-987-1930	
Building Contractor's Company Name	Telephone	
5734 Trinity Road, Suite 200	msweitze@nvrinc.com	
Address	Email Address	
42783		
License #		
Description of Work ALL ELECTRICAL WORK Service Size		
ABSOLUTE POWER COMPANY	919-827-3802	
Electrical Contractor's Company Name	Telephone	
5448 APEX PEAKWAY #301, APEX NC 27502	mhowington@absolutepowercompany	
Address	Email Address	
10980-U		
License #		
Mechanical/HVAC Contractor Infor	<u>mation</u>	
Description of Work ALL MECHANICAL WORK		
ROMANOFF HEATING AND COOLING	704-551-4144	
Mechanical Contractor's Company Name	Telephone	
5101 NELSON RD, STE. 200, MORRISVILLE, NC 27650	hgonzales@romanoffgroup.co	
Address	Email Address	
22375		
License # Plumbing Contractor Information	ion	
		
Description of Work ALL PLUMBING WORK	# Baths 2.5	
ALL AMERICAN PLUMBING	910-897-3001 Telephone	
Plumbing Contractor's Company Name	Telephone	
157 E. LEMON STREET, COATS, NC 27521	JAVERY@AAPCOINC.NET Email Address	
Address 23263	Linaii Addiess	
License #		
Insulation Contractor Informat	<u>ion</u>	
BUILDERS INSULATION, 9521 LUMLEY RD. SUITE 200, MORRISVILLE NC 27560	984-242-5731	
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.

Mysweitzer Signature of Owner/Contractor/Officer(s)		6/12/20	
Signature of Owner/Contractor/Officer(s)	of Corporation D	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor Or	wner X Officer/A	gent 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:			
X 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: <i>Mysweitzer</i>		Date: 6/12/20	