



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: NVR INC DBA RYAN HOMES Date: 7/20/20

Site Address: 24 BELLINI DRIVE Phone: 919-987-1970

Subdivision: QUAIL GLEN Lot: 83

Description of Proposed Work: New Single Family Construction Total Job Cost: \$105,506

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 #

Electrical Contractor Information

Description of Work ALL ELECTRICAL WORK Service Size: _____ Amps T-Pole: Yes ___ No

ABSOLUTE POWER COMPANY 919-827-3802

Electrical Contractor's Company Name Telephone

5448 APEX PEAKWAY #301, APEX NC 27502 mhowington@absolutepowercompany.com

Address Email Address

10980-U

License #

Mechanical/HVAC Contractor Information

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.cc

Address Email Address

22375

License #

Plumbing Contractor Information

Description of Work ALL PLUMBING WORK # Baths 2.5

ALL AMERICAN PLUMBING 910-897-3001

Plumbing Contractor's Company Name Telephone

157 E. LEMON STREET, COATS, NC 27521 JAVERY@AAPCOINC.NET

Address Email Address

23263

License #

Insulation Contractor Information

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.

Mjswitzer
Signature of Owner/Contractor/Officer(s) of Corporation

7/20/20
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: Mjswitzer Date: 7/20/20