



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: 10/7/2020  
Site Address: 488 Village Bend Drive Phone: 919-747-4970  
Subdivision: Olde mill Village Lot: 21  
Description of Proposed Work: New construction Total Job Cost: 135,200

**General Contractor Information**

Dan Ryan Builders 810-869-3456  
Building Contractor's Company Name Telephone  
3000 RDU Center Dr Ste 202 Morrisville, NC kosentoski@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  
Address Email Address

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 \_\_\_\_\_  
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.

Kara Osentoski  
Signature of Owner/Contractor/Officer(s) of Corporation

10/7/2020  
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: Brian Johnston - General Contractor      Date: 10/7/2020