

Application # _____

Harnett County Central Permitting

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

Application for Residential Building and Trades Permit

Owner's Name: Dan Ryan Builders	Date:3/17/2021
Site Address: 495 Village Bend Drive	Phone: <u>919-727-0392</u>
Subdivision: Olde mill Village	Lot: 23
Description of Proposed Work: <u>New construction</u>	Total Job Cost: <u>144,700.00</u>
General Contractor Information	
<u>Dan Ryan Builders</u> Building Contractor's Company Name	<u>919-727-0392</u> Telephone
3000 RDU Center Dr Ste 202 Morrisville, NC Address	<u>ajoyner@drbqroup.com</u> Email Address
68937 HEATED SQ FT 1998 GARAGE SQ	
Description of Work New Construction SF Service Size:	
msf Electric Electrical Contractor's Company Name	<u>919-217-9767</u> Telephone
<u>2009 Eaglerock Rd Farmington, MI 28332</u> Address	Email Address
Mechanical/HVAC Contractor Inform	
Description of Work <u>New Construction SF</u>	
American Residential Services Mechanical Contractor's Company Name	_919-493-1407 Telephone
Section (Control of the Control of t	relephone
<u>517 Pylon Dr</u> Address	Email Address
License #	.
Plumbing Contractor Informatio	_
Description of Work <u>New Construction SF</u>	_# Baths
C&M PLumbing Plumbing Contractor's Company Name	919-658-6109 Telephone
	The contract of the contract o
2009 Eaglerock Rd Farmington, MI 28332 Address	<pre>cm.plumbing@ymail.com Email Address</pre>
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.

Oshley Goyner Signature of Owner Contractor/Officer(s) of Corporation 3/17/2021 Date	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor OwnerX 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.	
\underline{x} 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: <u>Brian Johnston - General Contractor</u> Date: <u>3/17/2021</u>	