



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: 9/9/20

Site Address: 80 BELLA VITA WAY Phone: 919-987-1970

Subdivision: QUAIL GLEN Lot: 49

Description of Proposed Work: New Single Family Construction Total Job Cost: \$105,214

General Contractor Information

NVR INC DBA RYAN HOMES

Building Contractor's Company Name

5734 Trinity Road, Suite 200

Address

42783

License #

919-987-1930

Telephone

msweitze@nvrinc.com

Email Address

Electrical Contractor Information

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

ABSOLUTE POWER COMPANY

Electrical Contractor's Company Name

5448 APEX PEAKWAY #301, APEX NC 27502

Address

10980-U

License #

919-827-3802

Telephone

mhowington@absolutepowercompany.com

Email Address

Mechanical/HVAC Contractor Information

Description of Work ALL MECHANICAL WORK

ROMANOFF HEATING AND COOLING

Mechanical Contractor's Company Name

5101 NELSON RD, STE. 200, MORRISVILLE, NC 27650

Address

22375

License #

704-551-4144

Telephone

hgonzales@romanoffgroup.cc

Email Address

Plumbing Contractor Information

Description of Work ALL PLUMBING WORK # Baths 2.5

ALL AMERICAN PLUMBING

Plumbing Contractor's Company Name

157 E. LEMON STREET, COATS, NC 27521

Address

23263

License #

910-897-3001

Telephone

JAVERY@AAPCOINC.NET

Email Address

Insulation Contractor Information

BUILDERS INSULATION, 9521 LUMLEY RD. SUITE 200, MORRISVILLE NC 27560

Insulation Contractor's Company Name & Address

984-242-5731

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.

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

9/9/20
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: Mjawsweitzer Date: 9/9/20