

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/occupier 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:12/16/2020
Site Address: 456 Mill Bend	Phone: 919-747-4970
Subdivision: Olde mill Village	Lot: 47
Description of Proposed Work: New construction	
General Contractor I	nformation
Dan Ryan Builders	810-869-3456
Building Contractor's Company Name	Telephone
3000 RDU Center Dr Ste 202 Morrisville, NC Address	<u>kosentoski@drbgroup.com</u> Email Address
	GARAGE SQ FT 547
License #	1.5
Description of Work New Construction SF Se	
msf_Electric Electrical Contractor's Company Name	<u>919-217-9767</u> Telephone
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<u>2009 Eaglerock Rd Farmington, MI 28332</u> Address	Email Address
U-30306	
License #	
Mechanical/HVAC Contra	ctor Information
Description of Work <u>New Construction SF</u>	
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 <u>New Construction SF</u>	# Baths
C&M Plumbing	919-658-6109
Plumbing Contractor's Company Name	Telephone
2009 Eaglerock Rd Farmington, MI 28332	cm.plumbing@ymail.com
Address	Email Address
19887	
License #	Information
Insulation Contractor	
Tatum Insulation 519 Old Drug store Rd Garner,	
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

12/16/2620 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.	
<u>X</u> 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>12/16/2020</u>	