

Application #	

* 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.

Harnett County Central Permitting 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: <u>5/7/2021</u>
	Phone: 919-727-0392
Subdivision: Olde Mill Village	Lot: 49
Description of Proposed Work: New construction	
General Contractor Information	1
Dan Ryan Builders Building Contractor's Company Name	919-727-0392 Telephone
3000 RDU Center Dr Ste 202 Morrisville, NC Address	ajoyner@drbgroup.com Email Address
68937 HEATED SQ FT 3362 GARAGE SO	Q FT 496
Electrical Contractor Information	
Description of Work New Construction SF Service Size:	
msf Electric	9 19-217-9767
Electrical Contractor's Company Name	Telephone
2 009 Eaglerock Rd Farmington, MI 28332 Address	Email Address
U-30306	
License #	
Mechanical/HVAC Contractor Inform	nation
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	<u>on</u>
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 #	
Insulation Contractor Information	<u>on</u>
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.

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Oshley Joyner Signature of Owner Contractor/Officer(s) of Corporation 5/7/20 Date	21	
Affidavit for Worker's Compensation N.C. The undersigned applicant being the:	G.S. 87-14	
General Contractor Owner Officer/Agent of the	ne Contractor o	or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or c set forth in the permit:	orporation(s) p	erforming the work
Has three (3) or more employees and has obtained workers' competent	nsation insuran	ce to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' contined.	mpensation in	surance to cover
\underline{X} Has one (1) or more subcontractors(s) who has their own policy of w covering themselves.	orkers' compe	nsation insurance
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of work to issuance of the permit and at any time during the permitted work from an carrying out the work.	er's compensat	tion insurance prior
Sign w/Title: Prign Johnston Cononal Contractor	Date:	E /7/2021