

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

Application for Residential Building and Trades Permit

on on license.		
Owner's Name: NVR INC DBA RYAN HOMES	Date: <u>12/09/21</u>	
Site Address: 77 FLORENTINE COURT	Phone: <u>919-987-1970</u>	
Subdivision: QUAIL GLEN	Lot: 180	
Description of Proposed Work: <u>NEW SINGLE FAMILY</u>	Total Job Cost: \$155,554	
General Contractor Informa	tion	
NVR INC DBA RYAN HOMES	919-987-1930	
Building Contractor's Company Name	Telephone	
5734 TRINITY ROAD, SUITE 200	msweitze@nvrinc.com	
Address Email Address		
42783 HEATED SQ FT 2203 GARAGE	SQ FT 402	
License #		
Description of Work ALL ELECTRICAL WORK Service Size	i tion ze: Amps T-Pole: X Yes No	
ABSOLUTE POWER COMPANY	919-827-3802	
Electrical Contractor's Company Name	Telephone	
5448 APEX PEAKWAY #301, APEX NC 27502	mhowington@absolutepowercompany.c	
	Email Address	
Address		
Address 10980-U		
10980-U License # <u>Mechanical/HVAC Contractor Inf</u>		
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10980-U License # Description of Work ALL MECHANICAL WORK	ormation	
10980-U License # Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC.	<u>ormation</u> 919-361-0993	
10980-U License # Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address	ormation 919-361-0993 Telephone	
10980-U License # Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address 12309	ormation 919-361-0993 Telephone brittany@maynorhvac.com	
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10980-U License # Mechanical/HVAC Contractor Info Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address 12309 License # Plumbing Contractor Informa Description of Work ALL PLUMBING WORK ALL AMERICAN PLUMBING Plumbing Contractor's Company Name	919-361-0993 Telephone brittany@maynorhvac.com Email Address ation # Baths 910-897-3001 Telephone	
10980-U License # Mechanical/HVAC Contractor Info Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address 12309 License # Plumbing Contractor Informa Description of Work ALL PLUMBING WORK ALL AMERICAN PLUMBING Plumbing Contractor's Company Name 157 E. LEMON STREET, COATS, NC 27521	919-361-0993 Telephone brittany@maynorhvac.com Email Address ation # Baths 2.5 910-897-3001 Telephone javery@aapcoinc.net	
10980-U License # Mechanical/HVAC Contractor Info Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address 12309 License # Plumbing Contractor Informa Description of Work ALL PLUMBING WORK ALL AMERICAN PLUMBING Plumbing Contractor's Company Name 157 E. LEMON STREET, COATS, NC 27521 Address	919-361-0993 Telephone brittany@maynorhvac.com Email Address ation # Baths 910-897-3001 Telephone	
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*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.

<u>Myaweitzer</u> Signature of Owner/Contractor/Officer(s) of Corporation

12/09/21

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor _____ Owner ____ X 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:

X 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: Mysweitzer		er	_{Date:} 12/13/21	
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