

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>12/13/21</u>	
Site Address: 78 FLORENTINE COURT	Phone: 919-987-1970	
Subdivision: QUAIL GLEN	Lot: 176	
Description of Proposed Work: <u>NEW SINGLE FAMILY</u>	Total Job Cost: \$157,616	
General Contractor Informat	ion	
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 <b>tion</b> .e:Amps  T-Pole: <u>X</u> YesNo	
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 License #	Email Address	
Address 10980-U License # <u>Mechanical/HVAC Contractor Infe</u>	Email Address	
Address 10980-U License # Description of Work ALL MECHANICAL WORK	Email Address	
Address 10980-U License # Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC.	Email Address	
Address 10980-U License #  Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name	Email Address <u>ormation</u> <u>919-361-0993</u> Telephone	
Address 10980-U License # Mechanical/HVAC Contractor Infe Description of Work ALL MECHANICAL WORK MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539	Email Address <u>ormation</u> <u>919-361-0993</u> Telephone brittany@maynorhvac.com	
Address 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	Email Address <u>ormation</u> <u>919-361-0993</u> Telephone	
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Address 10980-U License # Description of Work <u>ALL MECHANICAL WORK</u> MAYNOR HEATING AND AIR INC. Mechanical Contractor's Company Name 1000 GOODWORTH DRIVE, APEX NC 27539 Address 12309 License # <u>Plumbing Contractor Informa</u> Description of Work <u>ALL PLUMBING WORK</u> <u>ALL AMERICAN PLUMBING</u> Plumbing Contractor's Company Name	Email Address  Telephone brittany@maynorhvac.com Email Address  tion # Baths 2.5 910-897-3001 Telephone	
Address         10980-U         License #         Mechanical/HVAC Contractor Infe         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	Email Address prmation 919-361-0993 Telephone brittany@maynorhvac.com Email Address tion # Baths 2.5 910-897-3001 Telephone javery@aapcoinc.net	
Address       Mechanical/HVAC Contractor Infe         License #       Mechanical/HVAC Contractor Infe         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	Email Address  Telephone brittany@maynorhvac.com Email Address  tion # Baths 2.5 910-897-3001 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.

12/13/21 Date

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

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		ler D	<sub>Date:</sub> 12/13/21	
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