

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

	= 12.12.2
Owner's Name: NVR INC DBA RYAN HOMES	Date: 5/2/22
Site Address: 379 HUNTING WOOD DRIVE	Phone: 919-987-1970
Subdivision: QUAIL GLEN	Lot: 162
Description of Proposed Work: NEW SINGLE FAMILY	Total Job Cost:
General Contractor Information	o <u>n</u>
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 S	SQ FT 402
License #	
Description of Work ALL ELECTRICAL WORK Service Size:	<u>on</u> :Amps T-Pole: X YesNo
ABSOLUTE POWER COMPANY	919-827-3802
Electrical Contractor's Company Name	Telephone
5448 APEX PEAKWAY #301, APEX NC 27502	mhowington@absolutepowercompany.com
Address	Email Address
10980-U	
License #	
Mechanical/HVAC Contractor Infor	<u>mation</u>
Description of Work ALL MECHANICAL WORK	
MAYNOR HEATING AND AIR INC.	919-361-0993
Mechanical Contractor's Company Name	Telephone
1000 GOODWORTH DRIVE, APEX NC 27539	brittany@maynorhvac.com
Address	Email Address
12309	
License # Plumbing Contractor Informati	on
Description of Work ALL PLUMBING WORK	
	# Baths 2.5
ALL AMERICAN PLUMBING	910-897-3001
Plumbing Contractor's Company Name	Telephone
157 E. LEMON STREET, COATS, NC 27521	javery@aapcoinc.net
Address 23263	Email Address
License #	
Insulation Contractor Informati	ion
BUILDERS INSULATION, 9521 LUMLEY RD. SUITE 200, MORRISVILLE NC 27560	984-242-5731
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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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Mysweitzer Signature of Owner/Contractor/Officer(s) of Corporation	5/2/22 Date	
Afficient to a Manhanda Communica	ation N O O O 07 44	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner X_ Office	er/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: <i>Mjsweitzer</i>	Date: 5/2/22	