

Application # \_\_\_\_\_

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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 - NC LLC	Date _6/7/22	
Site Address:	Phone <u>919-279-2339</u>	
Subdivision: The Farm @ Neill's Creek	Lot 115	
Description of Proposed Work: <u>New Singel Family Dwelling</u>	Total Job Cost 207,256.00	
General Contractor Information		
Dan Ryan Builders - NC LLC	919-279-2339	
Building Contractor's Company Name	Telephone	
3000 RDU Center Drive Ste. 202 Morrisville, NC 27560	amoss@drbgroup.com	
Address	Email Address	
68937 HEATED SQ FT_2187 GARAGE S	<mark>Q FT_417</mark>	
License #		
Electrical Contractor Information Description of Work New Singel Family Dwelling Service Size: 200 Amps T-Pole: Ves No		
MSF Electric. Inc.	919-217-9767	
Electrical Contractor's Company Name	Telephone	
2009 Eaglerock Road, Wendell NC 27591	jimw@msfelectric.com	
Address	Email Address	
U.34688		
License #		
Mechanical/HVAC Contractor Information		
Description of Work New Singel Family Dwelling		
Weather Master	919-266-4415	
Mechanical Contractor's Company Name	Telephone	
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.com	
Address	Email Address	
17326 License #		
	on	
Plumbing Contractor Informati		
Plumbing Contractor Informati Description of Work New Singel Family Dwelling	# Baths 2.5	
Plumbing Contractor Informati Description of Work New Singel Family Dwelling C&M Plumbing	<u># Baths 2.5</u> 919-658-6109	
Plumbing Contractor Information           Description of Work         New Singel Family Dwelling           C&M Plumbing         Plumbing Contractor's Company Name	<mark># Baths 2.5</mark>	
Plumbing Contractor Informati Description of Work New Singel Family Dwelling C&M Plumbing	# Baths 2.5 919-658-6109	
Plumbing Contractor Informati         Description of Work       New Singel Family Dwelling         C&M Plumbing         Plumbing Contractor's Company Name         5427 Hwy US 117 S.Alt., Mount Olive NC 28365	# Baths 2.5 919-658-6109 Telephone cm.plumbing@ymail.com	
Plumbing Contractor Information         Description of Work New Singel Family Dwelling         C&M Plumbing       Plumbing Contractor's Company Name         5427 Hwy US 117 S.Alt., Mount Olive NC 28365       Address         19887       License #	# Baths       2.5         919-658-6109         Telephone         cm.plumbing@ymail.com         Email Address	
Plumbing Contractor Information         Description of Work       New Singel Family Dwelling         C&M Plumbing       C&M Plumbing         Plumbing Contractor's Company Name       5427 Hwy US 117 S.Alt., Mount Olive NC 28365         Address       19887         License #       Insulation Contractor Information	<u># Baths 2.5</u> <u>919-658-6109</u> Telephone <u>cm.plumbing@ymail.com</u> Email Address	
Plumbing Contractor Information         Description of Work New Singel Family Dwelling         C&M Plumbing       Plumbing Contractor's Company Name         5427 Hwy US 117 S.Alt., Mount Olive NC 28365       Address         19887       License #	# Baths       2.5         919-658-6109         Telephone         cm.plumbing@ymail.com         Email Address	

\*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.

Ally Moss Signature of Owner/Contractor/Officer(s) of Corporation

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:	Ally Moss	Date: 6/7/22