

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>8/9/22</u>
Site Address: 355 HUNTING WOOD DRIVE	Phone: 919-987-1970
Subdivision: QUAIL GLEN	Lot: 164
Description of Proposed Work: <u>NEW SINGLE FAMILY</u>	Total Job Cost: \$225,763
General Contractor Informat	
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 1903 GARAGE	SQ FT 397
License #	
Electrical Contractor Informa Description of Work ALL ELECTRICAL WORK Service Siz	<u>tion</u> :e:Amps_T-Pole: <u>X</u> YesN
ABSOLUTE POWER COMPANY	919-827-3802
Electrical Contractor's Company Name	Telephone
5448 APEX PEAKWAY #301, APEX NC 27502	mhowington@absolutepowercompany.
	Email Address
Address	
Address 10980-U	
10980-U License # <u>Mechanical/HVAC Contractor Info</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 tion # Baths 2.5 910-897-3001 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 tion # 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 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.

8/9/22

Mysweitzer 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:	Mysweitzer	Date: 8/9/22
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