

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Dan Ryan Builders - NC LLC	Date 1/14/24	
AGENTS Product Date	Phone <u>919.279.2339</u>	
Subdivision: The Farm @ Neill's Creek	Lot 83	
Description of Proposed Work: New Singel Family Dwelling	Total Job Cost <u>181,498.00</u>	
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 1806 GARAGE S	Q FT 394	
License #		
Description of Work New Singel Family Dwelling Service Size:	<u>on</u> : <u>200</u> Amps T-Pole: ✓ YesNo	
MSF Electric, Inc. Electrical Contractor's Company Name	919-217-9767 Telephone	
• •	•	
2009 Eaglerock Road, Wendell NC 27591 Address	<u>jimw@msfelectric.com</u> Email Address	
U.34688	Email / Idal 666	
License #		
Mechanical/HVAC Contractor Inform	mation_	
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 #		
Plumbing Contractor Information	<u>on</u>	
Description of Work New Singel Family Dwelling	# Baths_2	
C&M Plumbing	919-658-6109	
Plumbing Contractor's Company Name	Telephone	
5427 Hwy US 117 S.Alt., Mount Olive NC 28365		
Address	Email Address	
19887		
License #	on.	
Insulation Contractor Informati		
Tri-City Insulation 7204 Becky Circle, Raleigh NC 27615 Insulation Contractor's Company Name & Address	919-790-9684 Telephone	



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.

All, Mass		1/14/24		
Ally Moss Signature of Owner/Contractor/Office	er(s) of Corporation	Date		
A (C) 1 - 24 C - 2	. 14/		NT 4.4	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor	_ OwnerX	_ Officer/Agent of the Cont	ractor 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 employe	ees and has obtain	ed 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: 1/14/24	
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