(MODEL) GARAGE WILL BE TEMPORARILY CONVERTED INTO SALES OFFICE SPACE AND WILL BE CONVERTED BACK TO T RADITIONAL GARAGE SPACE UPON COMPLETION	
OF THE COMMUNITY	Application #
Harnett County Central Permitting PO Box 65 Lillington, NC 27546	]
by whomever performing work. Must be owner/occupier or licensed	g/permits NEW SINGLE FAMILY
contractor. Address, company name & phone must match information on license. Application for Residential Building and Tr	
Owner's Name: NVR INC DBA RYAN HOMES	Date: 7/05/2024
Site Address: 39 SOUTH BREEZE WAY	Phone: 919-987-1930
Subdivision: KIPLING VILLAGE	
Description of Proposed Work: NEW SINGLE FAMILY DETACHED HOME (MODE	
General Contractor Information	
NVR INC DBA RYAN HOMES	919-647-7972
Building Contractor's Company Name	Telephone
5734 TRINITY ROAD, SUITE 200	brijohns@nvrinc.com
Address	Email Address
42783 HEATED SQ FT 1533 GARAGE SC	2FT 443
License #	
Electrical Contractor Informatio	<u>n</u> Amps T-Pole: <u>X</u> YesNo
Romanoff Electric Residential LLC	919-848-4652
Electrical Contractor's Company Name	Telephone
3006 Industrial Drive, Suite 120 Raleigh, NC 27609	
Address	Email Address
<u>U. 12915</u>	
License #	
<u>Mechanical/HVAC Contractor Inform</u> Description of Work <u>ALL MECHANICAL WORK</u>	
MAC BROS MECHANICAL LLC	919-901-7015
Mechanical Contractor's Company Name	Telephone
702 NORTH FAYETTEVILLE AVE DUNN NC 28334	
Address	Email Address
33255	
License # Plumbing Contractor Informatio	n
Description of Work ALL PLUMBING WORK	₩ #Baths
C & M PLUMBING, INC. Plumbing Contractor's Company Name	919-658-6109 Telephone
5424 US HWY 117 S ALT MOUNT OLIVE NC 28365	relephone
<u>5424 US HWY TIT S ALT MOUNT OLIVE NC 26365</u> Address	Email Address
L. 19887	
License #	
Insulation Contractor Informatio	<u>n</u>
TRI-CITY INSULATION 7204 BECK CIR RALEIGH NC 27615	919-790-9684
Insulation Contractor's Company Name & Address	Telephone

\*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

BRADGET JOHNSON

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

7/05/2024

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General ContractorOwnerX 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:	
<u>X</u> 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: BRADGCT JOHNSON - ADMIN Date: 7/05/2024	