| (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 | |