(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 #

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**NEW SINGLE FAMILY** 

## **Application for Residential Building and Trades Permit**

Owner's Name: NVR INC DBA RYAN HOMES	Date: 7/05/2024			
	Phone: 919-987-1930			
Subdivision: KIPLING VILLAGE				
Description of Proposed Work: NEW SINGLE FAMILY DETACHED HOME (MODE	L)Total Job Cost: <u>\$136,768</u>			
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	QFT 443			
License #				
Description of Work ALL ELECTRICAL WORK Service Size:	<u>n</u> Amps T-Pole: X Yes No			
Romanoff Electric Residential LLC Electrical Contractor's Company Name	919-848-4652 Telephone			
• •	Гегерпопе			
3006 Industrial Drive, Suite 120 Raleigh, NC 27609 Address	Email Address			
U. 12915				
License #				
Mechanical/HVAC Contractor Inform	nation_			
Description of Work ALL MECHANICAL WORK				
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 Information				
Description of Work ALL PLUMBING WORK	_# Baths			
C & M PLUMBING, INC. 919-658-6109				
Plumbing Contractor's Company Name	Telephone			
5424 US HWY 117 S ALT MOUNT OLIVE NC 28365				
Address	Email Address			
_L. 19887				
License #  Insulation Contractor Information				
	<u>'''</u> 984-242-5731			
BUILDERS INSULATION, 9521 LUMLEY RD. SUITE 200, MORRISVILLE NC 27560 Insulation Contractor's Company Name & Address	Telephone			
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\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**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.

7/05/2024

BRADGET JOHNSON

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 O	wner X	Officer/Agent of the C	ontractor 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:				
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 GO9	HNSON	- ADMIN	Date:7/05/2024	