



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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: NVR INC DBA RYAN HOMES Date: 11/7/2024  
Site Address: 30 BRAZEN COURT Phone: 919-987-1930  
Subdivision: KIPLING VILLAGE Lot: 95  
Description of Proposed Work: NEW SINGLE FAMILY Total Job Cost: \$147,995

**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** **GARAGE SQ FT**  
License #

**Electrical Contractor Information**

Description of Work ALL ELECTRICAL WORK Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
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. 12915  
License #

**Mechanical/HVAC Contractor Information**

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**

BUILDERS INSULATION, 9521 LUMLEY RD. SUITE 200, MORRISVILLE NC 27560 984-242-5731  
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 **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.**

*BRIDGET JOHNSON*

11/7/2024

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     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:

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: *BRIDGET JOHNSON*

Date: 11/7/2024