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: 3/12/2025

Site Address: 41 BRAZAN COURT Phone: 919-987-1930

Subdivision: KIPLING VILLAGE Lot: 99

Description of Proposed Work: NEW SINGLE FAMILY Total Job Cost: $144,311

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: X 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 MACIALEK
Signature of Owner/Contractor/Officer(s) of Corporation

3/12/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner __X__ 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:

__X__ 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 MACIALEK OFFICE ADMIN Date: 3/12/2025