



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 PermitOwner's Name: NVR INC DBA RYAN HOMES Date: 6/19/2025Site Address: 273 SOUTH BREEZE WAY Phone: 919-987-1930Subdivision: KIPLING VILLAGE Lot: 19Description of Proposed Work: NEW SINGLE FAMILY Total Job Cost: \$233,235**General Contractor Information**NVR INC DBA RYAN HOMES919-647-7972

Building Contractor's Company Name

Telephone

5734 TRINITY ROAD, SUITE 200brijohns@nvrinc.com

Address

Email Address

42783HEATED SQ FT 1338GARAGE SQ FT 43125 SF - FRONT PORCH

License #

140 SF- REAR PATIO**Electrical Contractor Information**Description of Work ALL ELECTRICAL WORK Service Size: _____ Amps T-Pole: ☒ Yes ☐ NoRomanoff Electric Residential LLC919-848-4652

Electrical Contractor's Company Name

Telephone

3006 Industrial Drive, Suite 120 Raleigh, NC 27609

Address

Email Address

U. 12915

License #

Mechanical/HVAC Contractor InformationDescription of Work ALL MECHANICAL WORKMAC BROS MECHANICAL LLC919-901-7015

Mechanical Contractor's Company Name

Telephone

702 NORTH FAYETTEVILLE AVE DUNN NC 28334

Address

Email Address

33255

License #

Plumbing Contractor InformationDescription of Work ALL PLUMBING WORK # Baths 2C & 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 MACALEX

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

6/19/2025

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 MACALEX

Date: 6/19/2025

Type text here