

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**

<u>informat</u>	t <mark>ion on license.</mark>	1.5.2021
	Owner's Name: KB Home Raleigh Durham Inc.	Date: 1000000000000000000000000000000000000
	Site Address: 140 Windy Farm Drive	Phone: <u>919 768 7995</u>
	Subdivision: Highland Grove	Lot: 2
	Description of Proposed Work: NEW SHOWN Model Sales Co	
	General Contractor Information	tion
	KB Home Raleigh Durham Inc. Building Contractor's Company Name	<u>919-768-7995</u> Telephone
	4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	<u>Ibaune-x@kbhome.com</u> Email Address
	53775 HEATED SQ FT 383 GARAGE	SQ FT (Garage area is the sales center
Electrical Cost \$5,000	Description of Work New Single Family Residential Service Size	<u>ation</u> ze:600Amps
	Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone
		verlinda@lanehart.com Email Address
	<u>24986-U</u> License #	
	Mechanical/HVAC Contractor Info	<u>ormation</u>
HVAC Cost \$5,000	Description of Work New Single Family Residential	
	Maynor HVAC	919-361-0993
	Mechanical Contractor's Company Name	Telephone
		gerald@maynorhvac.com Email Address
	12309	Email Address
	License #	
	Plumbing Contractor Informa	ation_
No Plumbing	Description of Work New Single Family Residential	# Baths0
	Celey's Quality Services	919-938-1813
	<sup>9</sup> Plumbing Contractor's Company Name	Telephone
	636 Old Roberts Road Benson, NC 27504 Address	<u>service@celeys.com</u> Email Address
		Elliali Address
	32853 License #	
	Insulation Contractor Information	
	Tri City Insulation 7204 Becky Circle Raleigh, NC 27615	919-790-9684
	Insulation Contractor's Company Name & Address	Telephone

Sales Center Building Cost \$10,000

\*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.

Lisa Baune	1.5.2021			
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:				
χ General Contractor Owner χ	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.				
<u>x</u> 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: Lisa Bauns DUP Permit Coord	linator Date: 1.5.2021			