

RESIDENTIAL BUILDING APPLICATION

Site Address: _____ 563 Rosser Pittman Road, Broadway, NC 27505 **PIN:** _Parcel# 139680 0071 01_____

Owner: __Kevin Lenard_____ **Phone:** __919.332.3662_____ **Email:** __klenard@kevbushousesnc.com_____

Description of Proposed Work: _Renovation of existing manufactured home_____ **Total Job Cost:** _\$45,000_____

GENERAL CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

____KMLx2, LLC_____

General Contractor's Company Name

____919.332.3662_____

Phone

____4604 Groundnut Court, Raleigh, NC 27613_____

Address

____GTLenard@gmail.com_____

Email

____L.107656_____

License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _Replace receptacles/switches, swap out HVAC disconnect Service Size: _____ Amps T-Pole: YES ☐ **NO** ☒

Alpha Electric

(516) 205-1743

Electrical Contractor's Company Name

Phone

264 N. Raleigh Farms Road, Youngsville, NC 27596

alphateamhomeimprovements@yahoo.com

Address

Email

U.32828

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Replace condenser and furnace

Aloha Air

(919) 473-6859

Mechanical Contractor's Company Name

Phone

13049 Townfield Drive, Raleigh, NC 27614

greg@alohaairnc.com

Address

Email

36216

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Replace polybutelene water lines, new shutoffs, new fixtures, new water heater # of Fixtures: 6

Stellar Plumbing

(828) 513-4103

Plumbing Contractor's Company Name

Phone

916 Apple Street, Burlington, NC 27217

stellarplumbingnc@gmail.com

Address

Email

35939

License #

INSULATION CONTRACTOR INFORMATION

N/A

Insulation Contractor's Company Name

Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Kevin Lenard

Signature of Owner/Contractor/Officer of Corporation

11/20/2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Kevin Lenard

Signature of Owner/Contractor/Officer of Corporation

11/20/2025

Date