Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

| Owner's Name KB Home Raleigh Durham Inc. | Date 01/09/19 | |
|--|--|--|
| Site Address148 Piney Field Road | Phone 919-768 7995 | |
| Directions to job site from LillingtonTake a left onto 401-N from McKinney Pkwy then take a left | | |
| onto Christian Light Road and Mason Pointe is at the intersection of Christian Light and Rawls | | |
| Church Road. | | |
| Subdivision Mason Pointe | Lot _ 33 | |
| Description of Proposed Work New Single Family Residential | # of Bedrooms3 | |
| Heated SF 1,582 Unheated SF 581 Finished Bonus Room? no Crawl Space Slab x General Contractor Information | | |
| KB Home Raleigh Durham Inc. | 919-768-7995 | |
| Building Contractor's Company Name | Telephone | |
| 4506 S Miami Blvd Suite 100 Durham, NC 27703 Address | rcavalear@kbhome.com Email Address | |
| _53775 License # | | |
| Electrical Contractor Information | | |
| Description of Work New Single Family Service Size | The state of the s | |
| Raleigh Lanehart Electric Co., Inc. Electrical Contractor's Company Name | _919-303-6266 Telephone | |
| 1120 Burma Drive Apex, NC 27539 | verlinda@lanehart.com | |
| Address | Email Address | |
| | | |
| Mechanical/HVAC Contractor Inform | nation | |
| Description of Work New Single Family | | |
| Yellow Dot Heating & Air Conditioning | 919-754-8686 | |
| Mechanical Contractor's Company Name | Telephone | |
| 1203 N New Hope Road Raleigh, NC 27610 Address | dhernandez@ydhvac.com Email Address | |
| 32872 | | |
| License # | | |
| Plumbing Contractor Information | | |
| Description of Work New Single Family | _# Baths | |
| Celey's Quality Services, LLC. Plumbing Contractor's Company Name | 919-894-1813 Telephone | |
| 636-6b Old Roberts Road Benson, NC 27504 | tara@celevs.com | |
| Address | Email Address | |
| 32853P-1 | | |
| License # | _ | |
| Insulation Contractor Informatio | 919-790-9684 | |
| Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 | | |

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 r is as per current fee schedule | e-issue fee is \$150 00 After 2 years re-issue fee | |
|---|--|--|
| Rachel Cavalear | 01/00/10 | |
| Signature of Owner/Contractor/Officer(s) of Corporation | 01/09/19 Date | |
| Signature of Owner/Contractor/Onicer(s) of Corporation | Date | |
| Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the | | |
| | 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 | | |
| Company or Name KB Home Raleigh Durham Inc. | | |
| Sign w/Title Rachel Cavalear - DUP Ma | anager Date01/09/19 | |
| | | |

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 974159

Filed on: 01/09/2019 Initially filed by: kbhome

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com (matte support@liensnc.com

Project Property

Mason Pointe, Lot 33 148 Piney Field Road Fuquay Varina, NC 27526 Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart

phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

KB Home Raleigh Durham Inc. 4506 S Miami Blvd Suite 100 Durham, NC 27703 United States

Email: rcavalear@kbhome.com Phone: 919-768-7995

View Comments (0)

Technical Support Hotline: (888) 690-7384