

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 or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner s Name KB Home Raleigh Durham Inc. Date 04/03/19

Site Address 110 Piney Field Rd. Phone 919-768 7995

Directions to job site from Lillington Take 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 31

Description of Proposed Work New Single Family Residential # of Bedrooms 3

Heated SF 1,445 Unheated SF 463 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 rcavalear@kbhome.com
Address Email Address

53775
License #

Electrical Contractor Information

Description of Work New Single Family Service Size 600 Amps T-Pole x Yes No

Raleigh Lanehart Electric Co., Inc. 919-303-6266
Electrical Contractor s Company Name Telephone

1120 Burma Drive Apex, NC 27539 verlinda@lanehart.com
Address Email Address

24986-U
License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family 919-754-8686
Yellow Dot Heating & Air Conditioning Telephone

Mechanical Contractor s Company Name
1203 N New Hope Road Raleigh, NC 27610 dhernandez@ydhvac.com
Address Email Address

32872
License #

Plumbing Contractor Information

Description of Work New Single Family # Baths
Thorton's Plumbing Inc. 919-550-4833
Plumbing Contractor s Company Name Telephone

3160 A Vinson Rd. Clayton, NC 27527
Address Email Address

22152P-1
License #

Insulation Contractor Information

Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 919-790-9684
Insulation Contractor s Company Name & Address Telephone

***NOTE General Contractor 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

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

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

Company or Name KB Home Raleigh Durham Inc.

Sign w/Title _____ - DUP Manager _____ Date _____