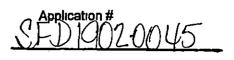
Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 693 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 <u>2/20/19</u>
Site Address 137 Old Barn Way	Phone 919-768 7995
Directions to job site from LillingtonTake a left onto 401-N from M	cKinney Pkwy then take a left
onto Christian Light Road and Mason Pointe is at the intersection	
Church Road.	
Subdivision Mason Pointe	Lot
Description of Proposed Work New Single Family Residential	# of Bedrooms4
Heated SF 3,174 Unheated SF 742 Finished Bonus Room? n General Contractor Information	oCrawi SpaceSiab _x
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
	_
Description of Work New Single Family Service Size	
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
License # 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	dhernandez@ydhvac.com
Address	Email Address
32872	
License # Plumbing Contractor Information	ı <u>n</u>
Description of Work New Single Family	# Baths
Celey's Quality Services, LLC.	919-894-1813
Plumbing Contractor's Company Name	Telephone
636-6b Old Roberts Road Benson, NC 27504	tara@celeys.com
Address	Email Address
32853P-1	
License # Insulation Contractor Information	on .
	919-790-9684
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 Insulation Contractor's Company Name & Address	Telephone

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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

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		
Rachel Cavalear	02/20/19	
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		
Owner Office	er/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		
_x 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/Titte Rachel Cavalear - DUP Manage	erDate02/20/19	

DO NOT REMOVE!

Details: Appointment of Lien Agent Entry #: 996723

Filed on: Initially fi

Project Property Designated Lien Agent Print & Post Mason Pointe Lot 47 137 Old Barn Way Fuquay Varina, NC 27526 Harnett County First American Title Insurance Company Online: moveliersec.com Address: 19 W. Hargett St., Suite 507 / Rafeigh, NC 27601 Contractors: Please post this notice on t Phone: 888-690-7384 Property Type Pax: 913-489-5231 Email: supportediensnc.com 1-2 Family Dwelling

Suppliers and Subcontra Scan this image with your of phone to view this filing. Yo file a Notice to Lien Agent of project.

Owner Information

KB Home Raleigh Durham Inc. 4506 5 Miami Bivd Suite 100 Durham, NC 27703 United States Email: rovalear@kbhome.com Phone: 919-768-7995

View Comments (0)

Technical Support Hotline: (888) 690-7384