

09/09/11

Application #
SFD19020045

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 2/20/19

Site Address 137 Old Barn Way 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 47

Description of Proposed Work New Single Family Residential # of Bedrooms 4

Heated SF 3,174 Unheated SF 742 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
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

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

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

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

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 *Rachel Cavalear* - DUP Manager Date 02/20/19

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 996723

Filed on:
Initially fi

Designated Lien Agent

First American Title Insurance Company

Online: www.fatinsnc.com

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7304

Fax: 913-489-5231

Email: support@fatinsnc.com

Project Property

Mason Pointe Lot 47
137 Old Barn Way
Fuquay Varina, NC 27526
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:
Please post this notice on t

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