

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 07/26/19

Site Address 55 Rolling Field Drive 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 23

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

Heated SF 1,445 Unheated SF 569 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 2 919-550-4833  
Thorton's Plumbing Inc. Telephone

Plumbing Contractor s Company Name  
3160 A Vinson Rd. Clayton, NC 27527 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

*Rachel Cavalear*

7/26/19

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 7/26/19