

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 01/02/20

Site Address 17 Allwood 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 1

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

Heated SF 1,445 Unheated SF 563 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 2  
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

*Rachel Cavalear*

Signature of Owner/Contractor/Officer(s) of Corporation

01/2/20

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 01/02/20