

Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: KB Home Raleigh Durham Inc.	Date:10/14/2020
Site Address: TBD Windy Farm Drive	Phone: <u>919 768 7995</u>
Subdivision: Highland Grove	Lot:27
Description of Proposed Work: New Single Family	Total Job Cost:112,850
General Contractor Information	o <u>n</u>
KB Home Raleigh Durham Inc. Building Contractor's Company Name	<u>919-768-7995</u> Telephone
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	<u>lbaune-x@kbhome.com</u> Email Address
_53775 HEATED SQ FT 1446 GARAGE S	SQ FT 422
Description of Work New Single Family Residential Service Size	on . 600 Amara T Balas y Vas Na
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone
	_verlinda@lanehart.com Email Address
<u>24986-U</u> License #	
Mechanical/HVAC Contractor Infor	<u>mation</u>
Description of Work New Single Family Residential	
Maynor HVAC	919-361-0993
Mechanical Contractor's Company Name	Telephone
1000 Goodworth Drive Apex, NC 27539	gerald@maynorhvac.com
Address	Email Address
Plumbing Contractor Informati	on
Description of Work	
Celey's Quality Services	919-938-1813
Plumbing Contractor's Company Name	Telephone
636 Old Roberts Road Benson, NC 27504	service@celeys.com
Address	Email Address
32853	
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 / owner must fill out and sign the second page of this application.



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.

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Lisa Bauns	1.7.21	
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:		
x General Contractor Ownerx Office	cer/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:		
X Has three (3) or more employees and has obtained wo	rkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
<u>x</u> 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 Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work.	erage of worker's compensation insurance prior	
Sign w/Title: Lisa Bauns DUP Permit Coordina	tor 1.7.21 Date:	