

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: <u>10/14/202</u>
Site Address: 411 Windy Farm Drive	Phone: <u>919 768 7995</u>
Subdivision: Highland Grove	0.4
Description of Proposed Work: New Single Family	Total Job Cost:143,970
General Contractor Information	<u>on</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
	SQ FT 421
Electrical Contractor Informati	<u>ion</u>
Description of Work New Single Family Residential Service Size	: <u> </u>
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone
1120 Burma Drive Apex, NC 27539 Address	verlinda@lanehart.com Email Address
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
12309	
License # Plumbing Contractor Information	ion
	 3
Description of Work New Single Family Residential	<u></u>
Celey's Quality Services	919-938-1813 Talanhana
Plumbing Contractor's Company Name	Telephone
636 Old Roberts Road Benson, NC 27504	service@celeys.com
Address	Email Address
Insulation Contractor Information	
· · · · · · · · · · · · · · · · · · ·	919-790-9684
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 Insulation Contractor's Company Name & Address	Telephone
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*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.

Lisa Bauns	1.26.21	
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	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:		
X 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.		
<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 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.		
Sign w/Title: Lisa Baune DUP Permit Coord	linator 1.26.21 Date:	