



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: 31 Ohara Court Phone: 919 768 7995  
Subdivision: Highland Grove Lot: 35  
Description of Proposed Work: New Single Family Total Job Cost: 116,103

**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 lbaune-x@kbhome.com  
Address Email Address  
53775 **HEATED SQ FT** 1446 **GARAGE SQ FT** 422  
License #

**Electrical Contractor Information**

Description of Work New Single Family Residential Service Size: 600 Amps T-Pole:  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 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**

Description of Work New Single Family Residential # Baths 2  
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.**



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.**

*Lisa Baune*

1.14.21

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:

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.

Sign w/Title: *Lisa Baune*    DUP Permit Coordinator    Date: \_\_\_\_\_