

Application # _____

Harnett County Central Permitting

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: KB Home Raleigh Durham Inc.	Date:10/14/2020
TPD O'Hara Court	Phone: <u>919 768 7995</u>
Subdivision: Highland Grove	00
	440.544
Description of Proposed Work: New Single Family	Total Job Cost
General Contractor Informatio	<u>n</u>
KB Home Raleigh Durham Inc.	919-768-7995
Building Contractor's Company Name	Telephone
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	<u>Ibaune-x@kbhome.com</u> Email Address
HEATED SQ FT 1446 GARAGE S	<mark>Q FT</mark> 422
License #	
Description of Work New Single Family Residential Service Size:	on 600 Amps T Bolo: v Vos No
· · · · · · · · · · · · · · · · · · ·	
Raleigh Lanehart Electric Co. Inc.	919 303 6266 Talanhana
Electrical Contractor's Company Name	Telephone
1120 Burma Drive Apex, NC 27539	verlinda@lanehart.com Email Address
Address	Email Address
Mechanical/HVAC Contractor Inform	nation
Description of Work New Single Family Residential	
Maynor HVAC	040.004.0000
Mechanical Contractor's Company Name	919-361-0993 Telephone
	·
	<u>gerald@maynorhvac.com</u> Email Address
	Email Address
12309 License #	
Plumbing Contractor Information	on
Description of Work New Single Family Residential	— # Baths
Celey's Quality Services	
Plumbing Contractor's Company Name	919-938-1813 Telephone
, ,	•
636 Old Roberts Road Benson, NC 27504 Address	<u>service@celeys.com</u> Email Address
32853	Email Addition
License #	
Insulation Contractor Information	
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615	919-790-9684

*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 Baune	2.2.21	
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:		
χ General Contractor Ownerχ	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	d workers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
x 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 sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prior	
Sign w/Title: Lisa Bauns DUP Permit Coor	dinator Date: 2.2.21	