

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 MidMay Court Phone: 919 768		
Subdivision: Highland Grove	15	
Description of Proposed Work: New Single Family	400.040	
General Contractor Informa	ation	
KB Home Raleigh Durham Inc. Building Contractor's Company Name	919-768-7995 Telephone	
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	<u>lbaune-x@kbhome.com</u> Email Address E SQ FT 445	
License #	 	
Description of Work New Single Family Residential Service S	<u>ation ize: _⁶⁰⁰ _</u> Amps T-Pole: <u>_x</u> YesNo	
Raleigh Lanehart Electric Co. Inc. 919 303 6266 Electrical Contractor's Company Name Telephone		
1120 Burma Drive Apex, NC 27539 Address	verlinda@lanehart.com Email Address	
Mechanical/HVAC Contractor In	<u>formation</u>	
Description of Work New Single Family Residential		
Maynor HVAC 919-361-0993		
Mechanical Contractor's Company Name Telephone		
	<u>gerald@maynorhvac.com</u> Email Address	
12309		
License #	antio a	
Plumbing Contractor Inform		
Description of Work New Single Family Residential	# Baths	
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 Inform		
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 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:				
x General Contractor	Ownerx	Officer/Agent of the Contracto	or 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 e	mployees and has obtaine	d workers' compensation insu	rance 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 Bau	DUP Permit Coo	rdinator Date	2.2.21 :	