

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				
Site Address: 338 Windy Farm Drive	Phone: <u>919 768 7995</u>				
Subdivision: Highland Grove	Lot:7				
Description of Proposed Work: New Single Family	450.057				
General Contractor Informat					
KB Home Raleigh Durham Inc.	<del></del> 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 <sup>2596</sup> GARAGE	SQ FT 416				
License #  Electrical Contractor Informa	tion				
Description of Work New Single Family Residential Service Siz					
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 Info	armation.				
	ormation .				
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 Informa	ition				
Description of Work New Single Family Residential	3				
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.

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Signature of Own	er/Contractor/Officer	(s) of Corporation	Date			
	Affidavit for	Markaria Cam	nancation N C	C C 07 14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
χ General	Contractor	Ownerx	Officer/Agent of t	the Contractor or O	wner	
Do hereby confirm set forth in the per	n under penalties of mit:	perjury that the per	son(s), firm(s) or o	corporation(s) perfo	rming the work	
X Has three	(3) or more employe	es and has obtaine	d workers' compe	ensation insurance t	o cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.						
$\underline{x}$ 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 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:	isa Baune	DUP Permit Coo	rdinator	2.5 Date:	5.21	