

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

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Owner's Name: KB Home Raleigh Durham Inc.		
Site Address: 199 Windy Farm Drive	Phone: 919.768.7979	
Subdivision: Highland Grove	42 Lot:	
Description of Proposed Work: New Single Family	Total Job Cost: 119,784	
General Contractor Information		
KB Home Raleigh Durham Inc. Building Contractor's Company Name	919-768-7995 Telephone	
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	_lbaune-x@kbhome.com Email Address	
	FT 422	
Electrical Contractor Information		
Description of Work New Single Family Residential Service Size:		
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone	
	verlinda@lanehart.com Email Address	
Mechanical/HVAC Contractor Information	<u>ation</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	
Plumbing Contractor Information		
	# 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.



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	2.17.21	
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 Bauns DUP Permit Coo	ordinator Date: 2.17.21	
Sign w/Title: Lisa Baune DUP Permit Coo	ordinator Date: 2.17.21	