

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:3.8.21
Site Address: 231 Windy Farm Drive	DI 010 769 7070
Subdivision: Highland Grove	<u> </u>
Description of Proposed Work: New Single Family	
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 53775 HEATED SQ FT 2939 GARAGE SQ	lbaune-x@kbhome.com Email Address 437
License #	
Description of Work New Single Family Residential Service Size:	<u>n</u>
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	919 303 6266 Telephone
1120 Burma Drive Apex, NC 27539 Address	verlinda@lanehart.com Email Address
24986-U License # Mechanical/HVAC Contractor Inform	nation
Description of Work New Single Family Residential	iauon
Maynor HVAC	040 264 0002
Mechanical Contractor's Company Name	919-361-0993 Telephone
1000 Goodworth Drive Apex, NC 27539 Address	gerald@maynorhvac.com Email Address
12309 License #	
Plumbing Contractor Information	n
Description of Work New Single Family Residential	 # Baths 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 #	n
Insulation Contractor Informatio	919-790-9684
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 Insulation Contractor's Company Name & Address	
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	3.8.21	
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 Baune DUP Permit Coord	dinator 3.8.21 Date:	