

Application # \_\_\_\_\_

\* 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. Harnett County Central Permitting
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:          | 3.22.21 |  |
|---|---|----------------|---------|--|
| Site Address: 523 Windy Farm Drive                              |   | 919.76         | 88.7979 |  |
| Subdivision: Highland Grove                                     |   | 25             |         |  |
| Description of Proposed Work: New Single Family                 |   | : 150          | ,451    |  |
| General Contractor Information                                  |   |                |         |  |
| KB Home Raleigh Durham Inc.                                     | 010 769 700                                 | 5              |         |  |
|   | 919-768-799<br>Telephone                    | 15             |         |  |
| 4506 S Miami Blvd Suite 100 Durham, NC 27703 Address            | <u>Ibaune-x@kbhome.com</u><br>Email Address |                |         |  |
| _53775 HEATED SQ FT 2338 GARAGE SQ License #                    | FT 421                                      |                |         |  |
| Electrical Contractor Information                               |   |                |         |  |
| Description of Work New Single Family Residential Service Size: | 600_Amps T-l                                | Pole: <u>x</u> | YesN    |  |
| Raleigh Lanehart Electric Co. Inc.                              | 919 303 6266                                | ;              |         |  |
| Electrical Contractor's Company Name                            | Telephone                                   |                |         |  |
| 1120 Burma Drive Apex, NC 27539                                 | verlinda@lanehart.com                       |                |         |  |
|   | Email Address                               |                |         |  |
| <u>24986-U</u><br>License #                                     |   |                |         |  |
| Mechanical/HVAC Contractor Informa                              | tion  |                |         |  |
| Description of Work New Single Family Residential               |   |                |         |  |
| Maynor HVAC   | 919-361-0993                                | 3              |         |  |
|   | Telephone                                   |                |         |  |
| _1000 Goodworth Drive Apex, NC 27539                            | gerald@may                                  | norhvac        | com     |  |
|   | Email Address                               |                |         |  |
| 12309   |   |                |         |  |
| License #   |   |                |         |  |
| Plumbing Contractor Information                                 |   |                |         |  |
| Description of Work New Single Family Residential               | # Baths                                     | 3              | _       |  |
| Celey's Quality Services  | 919-938-181                                 | 3              |         |  |
|   | Telephone                                   |                |         |  |
| 636 Old Roberts Road Benson, NC 27504                           | service@cele                                | vs.com         |         |  |
|   | Email Address                               |                |         |  |
| 32853   |   |                |         |  |
| License #   |   |                |         |  |
| Insulation Contractor Information                               |   |                |         |  |
| Tri City Insulation 7204 Becky Circle Raleigh, NC 27615         | 919-790-968                                 | 34             |         |  |
| 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 <a href="by-signing-below-I have obtained all subcontractors">by-signing-below-I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any changes">any changes</a> 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.

| <b>EXPIRED PERMIT FEES</b> - 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  | 3.22.21                            |                  |  |  |  |
| Signature of Owner/Contractor/Officer(s) of Corporation   | Date                               |                  |  |  |  |
| Affidavit for Worker's Comper   | sation N.C.G.S. 87-14              |                  |  |  |  |
| The undersigned applicant being the:  |                                    |                  |  |  |  |
| x General Contractor Ownerx Off   | icer/Agent of the Contractor or    | Owner            |  |  |  |
| Do hereby confirm under penalties of perjury that the person set forth in the permit:   | (s), firm(s) or corporation(s) per | forming the work |  |  |  |
| X Has three (3) or more employees and has obtained we   | orkers' compensation insurance     | e to cover them. |  |  |  |
| Has one (1) or more subcontractors(s) and has obtain them.  | ed workers' compensation insu      | rance to cover   |  |  |  |
| 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: Lisa Bauns DUP Permit Coordina  | ator Date: 3.                      | .22.21           |  |  |  |