

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 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**

tion on license.	0.00.04
Owner's Name: KB Home Raleigh Durham Inc.	Date:
Site Address: 394 Windy Farm Drive	Phone: 919.768.7979
Subdivision: Highland Grove	Lot: 13
Description of Proposed Work: New Single Family	122.046
General Contractor	r Information
KB Home Raleigh Durham Inc.	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
	GARAGE SQ FT_424
License #  Electrical Contracto	or Information
Description of Work New Single Family Residential	Service Size: 600 Amps T-Pole: xYesNo
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 Contr	ractor Information
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 Contracto	
Description of Work New Single Family Residential	# Baths2
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 Contracto	or 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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Lisa Baune	3.22.21		
Signature of Owner/Contractor/Officer(s) of Corporation	Date	<del></del>	
Affidavit for Worker's Com The undersigned applicant being the:	pensation N.C.G.S. 87-14		
x General Contractor Ownerx_	Officer/Agent of the Contractor or	Owner	
Do hereby confirm under penalties of perjury that the pe set forth in the permit:	rson(s), firm(s) or corporation(s) per	forming the work	
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
$\underline{\hspace{1cm}}$ Has one (1) or more subcontractors(s) and has o them.	btained workers' compensation insu	rance to cover	
<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: 3	22.21	