

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. Da	ate: 4.16.21
Site Address: Phone: 9	19 768 7995
Subdivision: Highland Grove Lot: 22	
Description of Proposed Work: New Single Family Total Job Cost:	178,340
General Contractor Information	
KB Home Raleigh Durham Inc. 919-768-7995	
Building Contractor's Company Name Telephone	
	ne.com
53775 HEATED SQ FT 3174 GARAGE SQ FT 416	
Electrical Contractor Information	
Description of Work New Single Family Residential Service Size: 600 Amps T-Pole	: _x_YesNo
Raleigh Lanehart Electric Co. Inc. 919 303 6266	
Electrical Contractor's Company Name Telephone	
1120 Burma Drive Apex, NC 27539	t.com
Address Email Address	
Mechanical/HVAC Contractor Information	
Description of Work New Single Family Residential	
Maynor HVAC 919-361-0993	
Mechanical Contractor's Company Name Telephone	
	vac com
Address Email Address	140.0011
12309	
License #	
Plumbing Contractor Information	
Description of Work New Single Family Residential# Baths 4	
Celey's Quality Services 919-938-1813	
Plumbing Contractor's Company Name Telephone	
636 Old Roberts Road Benson, NC 27504 service@celeys.c	om
Address Email Address	
32853	
License # Insulation Contractor Information	
0.00 700 000	
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 919-790-9684	

*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	4.16.21
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comp. The undersigned applicant being the:	ensation 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 perset forth in the permit:	on(s), firm(s) or corporation(s) performing the work
_X Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obt	ained workers' compensation insurance to cover
x Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employees and no subco	entractors.
While working on the project for which this permit is sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prior
Sign w/Title: Lisa Baune DUP Permit Coon	dinator Date: 4.16.21