

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: 4.20.21		
500 Windy Form Drive	0.10 700 7070		
Oile Address.	 21		
Subdivision: Highland Grove	Lot:		
Description of Proposed Work: New Single Family	_ Total Job Cost:		
General Contractor 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		
53775 HEATED SQ FT 2338 GARAGE SQ	FT 421		
License #			
Description of Work New Single Family Residential Service Size:	<u>l</u> 600 Amps T-Pole [,] v Yes - No.		
·	 ·		
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	919 303 6266 Telephone		
· •	verlinda@lanehart.com		
	Email Address		
24986-U			
License #			
Mechanical/HVAC Contractor Information	ation_		
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 Contractor Information	<u>1</u> 3		
Description of Work New Single Family Residential	_# Baths		
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.

	Lisa Bauns		4.20.21				
Signature	of Owner/Contractor/Officer	(s) of Corporation	Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14							
The unde	rsigned applicant being the:						
_x0	General Contractor	Owner x	Officer/Agent of the Cor	ntractor o	r Owner		
•	y confirm under penalties of p n the permit:	perjury that the pers	on(s), firm(s) or corpora	ition(s) pe	erforming the work		
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.							
Departme to issuand	king on the project for which ent issuing the permit may rece of the permit and at any tireut the work.	quire certificates of o	coverage of worker's co	mpensati	on insurance prior		
Sign w/Tit	le: Lisa Bauns	DUP Permit Coord	linator	Date:	4.20.21		