

Application	#	

\* Each section below to be filled out by whomever performing work. Must be owner 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**

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Owner's Name: KMB Building LLC Site Address: Turlington Rd Dunn NC 28	Date: 5-7-21
Site Address: Turlington Rd Dunn NC 28	334 Phone: 919-669-7140
Subdivision:	Lot:3
Description of Proposed Work: New SFD	
General Contractor Information	
Keith Michael Brown	919-669-7140 Telephone  KMBC 11 @ gmu, 1. Com  Email Address
Building Contractor's Company Name	Telephone
5609 Stewart Rd, Raleigh NC 27603	KNBC 11 @ gmuil. com
Address	Email Address
51713	
License #	
Description of Work New 5+D Service Size: 2	OO Amps T-Pole: Yes No
	419-669-3418
Electrical Contractor's Company Name	Telephone
1084 Lake Ridge Dr. Creedmoor NC 27522	Ludwig electrical e gmail, con Email Address
	Email Address
24828	
License #  Mechanical/HVAC Contractor Information	ation
Description of Work New Residential SFD	MOII
Description of Work Now New New Note of the State of the	910.459-0100
Certified Heating LAir Conditioning Mechanical Contractor's Company Name	910 - 858 - 0000 Telephone
PO Box 1071 Hope Wills NC 28348	
Address	Certifiedheatair @ gmail.com
_20012 H2C1	Zinan / tagless
License #	
Plumbing Contractor Information	1
Description of Work New 5fD	# Baths
Thornton's Plumbing Inc	919-550-4833
Plumbing Contractor's Company Name	Telephone
3160 - A Vinson Rd. Clayton NC 27527	TPI office 2 agmail com
Address	Email Address
22152	
License #	
Tatum Insulation I Garner WI	
	919-661-0999 Talanhana
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.

Signature of Owner/Contractor/Officer(s) of Corporation

5-7-2

-	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
	General Contractor Owner 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:
	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.
	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: Member Date: 5-7-21