Harnett

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

& phone must match ation on license.	Application for Residential Building and Th	ades i cimic
	KMB Building LLC	Date: 5-7-21
Site Address:	KMB Building LLC Turlington Rd Dunn NC 2	8334 Phone: 919-669-7140
Subdivision:		Lot:5
Description of Propose	ed Work: New SFD	
,, ,	General Contractor Information	
Keith Michael Brown		919-669-7140
Building Contractor's Company Name		Telephone
5609 Stewart Rd. Raleigh NC 27603 Address		KUBC 11 @ gmu, 1. com Email Address
51713		Email Address
License #		
	New 5+D Service Size:	on on one
Flectrical Contractor's	Mega Flectric Co of NE LAC Company Name	919 - 669 - 3418 Telephone
1894 / K. D.	age Dr. Creedmoor NC 27522	I display total a pavil com
Address	age Dr. Creeamour No 11300	Ludwig electrical e granticon Email Address
24828		
License #		
	Mechanical/HVAC Contractor Inform	mation
Description of Work	New Residential SFD	21: 450 2100
(ertitied	Heating & Air Conditioning 's Company Name	910 - 858 - 0000
Mechanical Contractor	s Company Name	Telephone
Address	Hope Utills NC 28348	Certifiedheutair @ gmail.com Email Address
20012 HZC	4	Littali Address
License #		
	Plumbing Contractor Informati	<u>ion</u>
Description of Work	New SfD	# Baths
Thornton's	Plumbing Inc	919-550-4833
Plumbing Contractor's Company Name		Telephone
3160 - A Vinson Rd Clayton NE 27527		TPI office 2 Wagnar I com
Address		Email Address
22152		
License #	Insulation Contractor Informat	ion
Tatum Insulat	ion I Garner UI	919-661-0999
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

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

5-7-2

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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. Member Date: 5-7-21 Sign w/Title: