

Application #	<i>‡</i>

* 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.hamett.org/permits

Application for Residential Building and Trades Permit

on on license.		9-23-21
Owner's Name:	KB Home Raleigh Durham Inc.	Date:
Site Address: 2	58 Windy Farm Dr	Phone: 919.768.7979
Subdivision: Highlan	d Grove	Lot:\
Description of Propose	ed Work: New Single Family	Total Job Cost: 166, 857
	General Contractor Information	
KB Home Raleigh Do	urham Inc.	919-768-7995
Building Contractor's Company Name		Telephone
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address		<u>Ibaune-x@kbhome.com</u> Email Address
53775	HEATED SQ FT 2596 GARAGE SC	416
License #		
<u>Electrical Contractor Information</u> Description of Work New Single Family Residential Service Size: 600 Amps T-Pole: x Yes No		
Raleigh Lanehart Ele	etric Co. Inc	919 303 6266
Electrical Contractor's		Telephone
1120 Burma Drive Apex, NC 27539		verlinda@lanehart.com
Address		Email Address
24986-U License #	_	
License #	Mechanical/HVAC Contractor Inform	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 Informatio	<u>n</u> ¬
Description of Work	New Single Family Residential	_# Baths
Weathermaster		919.266.4415
Plumbing Contractor's Company Name		Telephone
305 Village Drive		wmschedule@weathermasterhvac.com
Address		Email Address
13152		
License #		
Insulation Contractor Information		
Tri City Insulation 72	204 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.

	Lisa Baune 9-23-2)		
	Signature of Owner/Contractor/Officer(s) of Corporation Date		
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
	x General Contractor Ownerx 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:			
	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.		
	x 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 Coordinator Date: 9-23-2)		