

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:10/14/2020	
Site Address: 358 Windy Farm Drive	Phone: <u>919 768 7995</u>	
Subdivision: Highland Grove	Lot:1	
Description of Proposed Work: New Single Family	Total Job Cost:166,857	
General Contractor In	<u>nformation</u>	
KB Home Raleigh Durham Inc. Building Contractor's Company Name		
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	Email Address	
	ARAGE SQ FT 416	
License # Electrical Contractor I	nformation	
Description of Work New Single Family Residential Ser	vice Size: <u>600</u> Amps T-Pole: <u>x</u> Yes <u> </u> No	
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name		
1120 Burma Drive Apex, NC 27539 Address	verlinda@lanehart.com Email Address	
Mechanical/HVAC Contrac	tor Information	
Description of Work New Single Family Residential		
Maynor HVAC		
Mechanical Contractor's Company Name	Telephone	
1000 Goodworth Drive Apex, NC 27539gerald@maynorhvac.co		
Address Email Address		
12309		
License # Plumbing Contractor I	nformation	
Description of Work New Single Family Residential		
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		
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.

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Lisa Baune		5.18.21		
Signature of Owner/Contractor/Officer	(s) of Corporation Dat	е		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
x General Contractor	Ownerx Officer/Age	ent of the Contractor or Ov	wner	
Do hereby confirm under penalties of paset forth in the permit:	perjury that the person(s), firm(s) or corporation(s) perfo	rming the work	
X Has three (3) or more employee	es and has obtained workers' o	compensation insurance to	o cover them.	
Has one (1) or more subcontraction.	ctors(s) and has obtained work	ers' compensation insura	nce to cover	
<u>x</u> Has one (1) or more subcontraction covering themselves.	ctors(s) who has their own poli	cy of workers' compensat	ion insurance	
Has no more than two (2) emplo	oyees 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 Baune	DUP Permit Coordinator	Date:5.	18.21	