

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:5.25.21	
	Phone: 919.768.7979	
Subdivision: Highland Grove	4	
Description of Proposed Work: New Single Family		
General Contractor Information	-	
B Home Raleigh Durham Inc. 919-768-7995 Iding Contractor's Company Name Telephone		
4506 S Miami Blvd Suite 100 Durham, NC 27703 Idress Email Address 2106 ADDITION OF 423		
53775 HEATED SQ FT GARAGE SQ	FT 420	
License # Electrical Contractor Information		
Description of Work New Single Family Residential Service Size:	<u></u>	
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone	
1120 Burma Drive Apex, NC 27539 Address	verlinda@lanehart.com Email Address	
Mechanical/HVAC Contractor Information	<u>ation</u>	
Description of Work New Single Family Residential		
Maynor HVAC		
Mechanical Contractor's Company Name	Telephone	
1000 Goodworth Drive Apex, NC 27539 gerald@maynorhvac.co Address Email Address		
12309		
License #		
Plumbing Contractor Information	_	
Description of Work New Single Family Residential	_# Baths2	
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	•	
	<u>1</u> 919-790-9684	
Tri City Insulation 7204 Becky Circle Raleigh, NC 27615 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 Bauns		5.25.2	21	
Signature of Owner/Contractor/Officer(s	s) of Corporation	Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
X General Contractor	Owner <u>x</u>	Officer/Agent of the Co	ntractor or Owner	
Do hereby confirm under penalties of poset forth in the permit:	erjury that the pers	son(s), firm(s) or corpora	ation(s) performing the work	
X Has three (3) or more employees	s and has obtaine	d workers' compensatio	n insurance to cover them.	
Has one (1) or more subcontract them.	tors(s) and has ob	tained workers' compen	sation insurance to cover	
\underline{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 t Department issuing the permit may req to issuance of the permit and at any tim carrying out the work.	uire certificates of	coverage of worker's co	ompensation insurance prior	
Sign w/Title: Lisa Bauns	DUP Permit Coor	dinator		