



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Kara Homes Inc. _____ Date _____

Site Address: 313 Lambert Ln Fuquay-Varina NC. 27526 Phone 919-796-8182 _____

Subdivision Purfoy Place _____ Lot 38 _____

Description of Proposed Work: Single Family _____ Total Job Cost _____

General Contractor Information

Kara Homes Inc. _____ 919-796-8182 _____

Building Contractor's Company Name Telephone

1001 Procure St. Ste. 101 Fuquay-Varina NC. 27526 Karahomesinc@gmail.com _____

Address Email Address

59615 HEATED SQ FT 2600 GARAGE SQ FT 504

License #

Electrical Contractor Information

Description of Work Single Family _____ Service Size 200 Amps T-Pole: Y Yes ___ No

Dawson Electric _____ 919-552-0246 _____

Electrical Contractor's Company Name Telephone

280 Jarco Dr. Fuquay service@dawsonelectric.com _____

Address Email Address

25948-L _____

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Stepheson's HVAC _____ 919-329-0686 _____

Mechanical Contractor's Company Name Telephone

343 Shipwash Dr. Garner NC. _____

Address Email Address

18644

License #

Plumbing Contractor Information

Description of Work Single Family _____ # Baths 3.5 _____

Barnes Plumbing _____ 919-422-2133 _____

Plumbing Contractor's Company Name Telephone

239 Milwood Ln Angier makhunter2@gmail.com _____

Address Email Address

17735-P1 _____

License #



Insulation Contractor Information

Tatum Insulation 519 Old Drug Store Rd. Garner 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 is as per current fee schedule.


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

12-28-21
Date

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:

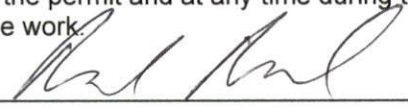
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  VP Date: _____

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 1600205

Filed on: 12/20/2021

Initially filed by: rbeland

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (info@www.liensnc.com)**Address:** 223 S. West Street, Suite 900 /
Raleigh, NC 27603**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** support@liensnc.com (info@support@liensnc.com)**Project Property**313Lambert
Fuquay, NC 27526
NC County**Property Type**

1-2 Family Dwelling

Print & Post**Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Informationrichard beland
1013 oak twig dr
raleigh, NC 27603
United States
Email: rbeland@nc.rr.com
Phone: 919-796-8182**Date of First Furnishing**

12/20/2021

[View Comments \(0\)](#)**Technical Support Hotline:** (888) 690-7384