

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

	D (22/22	
Owner's Name: KB Home Raleigh Durham Inc.		
Site Address: Saint Clair Drive	Phone: 919.768.7979	
Subdivision: Birchwood Grove	Lot: 86	
Description of Proposed Work: New Single Family		
General Contractor Informati	<u>ion</u>	
KB Home Raleigh Durham Inc. Building Contractor's Company Name	<u>919-768-7995</u> Telephone	
4506 S Miami Blvd Suite 100 Durham, NC 27703 Address	<u>lbaune-x@kbhome.com</u> Email Address	
HEATED SQ FT 1773 GARAGE License #	SQ FT 424	
Electrical Contractor Information	tion	
Description of Work New Single Family Residential Service Size	e: 600 Amps T-Pole: x Yes No	
Raleigh Lanehart Electric Co. Inc. Electrical Contractor's Company Name	<u>919 303 6266</u> Telephone	
	verlinda@lanehart.com Email Address	
24986-U License #		
Mechanical/HVAC Contractor Info	<u>ormation</u>	
Description of Work New Single Family Residential		
A Maynor HVAC	919-361-0993	
Mechanical Contractor's Company Name	Telephone	
1000 Goodworth Drive Apex, NC 27539gerald@maynorhvac.co		
Address	Email Address	
35159 License #		
Plumbing Contractor Informa	tion	
Description of Work New Single Family Residential	# Baths	
WeatherMaster Heating & Air Conditioning	919.266.4415	
Plumbing Contractor's Company Name	Telephone	
305 Village Drive, Knightdale NC 27545	krollins@weathermasterhvac.com	
Address 17326	Email Address	
License #		
Insulation Contractor Informa	<u>tion</u>	
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.



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.

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Lisa Baune		2.24.22	
Signature of Owner/Contractor/Officer	(s) of Corporation	Date	
	Worker's Compensat	ion N.C.G.S. 87-14	
The undersigned applicant being the:			
General Contractor	Ownerx Officer/	Agent of the Contractor	or Owner
Do hereby confirm under penalties of p set forth in the permit:	perjury that the person(s), f	irm(s) or corporation(s) p	performing the work
X Has three (3) or more employee	es and has obtained worke	rs' compensation insurar	nce to cover them.
Has one (1) or more subcontraction.	ctors(s) and has obtained v	orkers' compensation in	surance to cover
<u>x</u> Has one (1) or more subcontraction covering themselves.	ctors(s) who has their own	policy of workers' compe	ensation insurance
Has no more than two (2) empl	oyees and no subcontracto	rs.	
While working on the project for which Department issuing the permit may recto issuance of the permit and at any tir carrying out the work.	quire certificates of coverag	je of worker's compensa	tion insurance prior
Sign w/Title: Lisa Bauns	DUP Permit Coordinator	Date:	2.24.22