

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

<u>Application for Residential Building and Trades Permit</u>

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Owner's Name:	KB Home Raleigh Durham Inc.	Date:	
Site Address: 170 John Stark Drive		Phone: 919.768.7979	
Subdivision:	Birchwood Grove	. 5	
Description of Prop	oosed Work: New Single Family	400 404	
	General Contractor Infor	<u>rmation</u>	
KB Home Raleigh Durham Inc.		919-768-7995	
Building Contractor	r's Company Name	Telephone	
4506 S Miami Bl	vd Suite 100 Durham, NC 27703	lbaune-x@kbhome.com	
Address		Email Address	
53775	HEATED SQ FT 2723 GARA	AGE SQ FT 416	
License #	Electrical Contractor Info	rmation	
Description of Wor	New Single Family Residential Service	e Size: 600 Amps T-Pole: x Yes No	
Raleigh Lanehart Electric Co. Inc.		 · _	
	pr's Company Name	Telephone	
1120 Burma Drive Apex, NC 27539		verlinda@lanehart.com	
Address		Email Address	
24986-U			
License #			
	Mechanical/HVAC Contractor	<u>Information</u>	
Description of World	k New Single Family Residential		
A Maynor HVAC			
Mechanical Contractor's Company Name		Telephone	
1000 Goodworth Drive Apex, NC 27539			
Address		Email Address	
35159			
License #	Plumbing Contractor Info	armation	
Description of West			
•	k New Single Family Residential	" Batilo	
WeatherMaster Heating & Air Conditioning		919.266.4415 Talanhana	
Plumbing Contractor's Company Name		Telephone	
305 Village Drive, Knightdale NC 27545		krollins@weathermasterhvac.com	
Address 17326		Email Address	
License #			
	Insulation Contractor Info		
	n 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.

Lisa Baune	2.24.22			
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 0	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 insuranc	e to cover them.		
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.				
<u>x</u> 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 Coord	linator Date:	2.24.22		