

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: KMBC Building LLC Date: 10-13-22  
 Site Address: McDougal D Rd Lillington NC 27546 Phone: 919-669-7140  
 Subdivision: \_\_\_\_\_ Lot: 2  
 Description of Proposed Work: NEW SFD Total Job Cost: \$130,000

General Contractor Information

Keith Michael Brown Telephone: 919-669-7140  
 Building Contractor's Company Name  
805 Coley Farm Rd Fuquay Varina NC 27526 KMBC11@gmail.com  
 Address Email Address  
51713 HEATED SQ FT 1410 GARAGE SQ FT 0  
 License # \_\_\_\_\_

Electrical Contractor Information

Description of Work New SFD Service Size: 300 Amps T-Pole:  Yes  No  
Alpha & Omega Electrical NC LLC Telephone: 919-669-3418  
 Electrical Contractor's Company Name  
1084 Lake Ridge Dr. Creedmoor NC 27522 Ludwigelectrical@gmail.com  
 Address Email Address  
24828  
 License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work New SFD  
Certified Heating & Air Telephone: 910-858-0000  
 Mechanical Contractor's Company Name  
PO Box 1071 Hope Mills NC 28348 Certifiedheatair@gmail.com  
 Address Email Address  
20012 H2C1  
 License # \_\_\_\_\_

Plumbing Contractor Information

Description of Work New SFD # Baths: 2  
Thornton's Plumbing Inc Telephone: 919-550-4833  
 Plumbing Contractor's Company Name  
3160 -A Vinson Rd. Clayton NC 27527 TPI office 2@gmail.com  
 Address Email Address  
22152  
 License # \_\_\_\_\_

Insulation Contractor Information

Tatum Insulation II Garner NC Telephone: 919-661-0999  
 Insulation Contractor's Company Name & Address

\*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.

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

10-13-22  
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: Keith Brewer    Owner    Date: 10-13-22