

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 information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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

## Application for Residential Building and Trades Permit

tion on license.	
Owner's Name KMB Building LLC	Date: 11-30-22
Owner's Name KMB Building LLC Site Address: 637 Tripp Rd Lillington NC:	27546 Phone: 919-669-7140
Subdivision: MA	Lot: 4
Description of Proposed Work: NCW 5+D	Total Job Cost: \$175,000
General Contractor Information	,
Keith Michael Brown	919-669-7146
Keith Michael Brown Building Contractor's Company Name,	Telephone
805 Coley Farm Rd Fuguay Vanna NC 275:	C KMBC11@ amail, com
Address Address	Email Address
51713 HEATED SQ FT /410 GARAGE	SQ FT (S
License #	
Description of Work New 5FD Service Size	ion
Alpha & Omnas Flatais of 11/1/1/	0/3 (/0 3//o
Alpha & Omega Electric of NC LLC  Electrical Contractor's Company Name	7/9-667-37/8 Telephone
1084 Lake Ridge Dr. Creedmoor NC 27522	Luduso play toical a amail
Address	Email Address
24828	
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New SFD	
Certified Heating & Air	910-858-0000
Mechanical Contractor's Company Name	Telephone
POBOX 1071 Hope Mills NC 28348	Certificatheatair @ gmail: Co Email Address
20012 4267	Email Address
License #	
Plumbing Contractor Informati	ion
Description of Work New SFD Thornton'S Plumbing Inc	# Baths 2
Thornton's Plumbing Inc	919-550-4833
Plumbing Contractor's Company Name	l elephone
3160 - A Vinson Rd. Clayton NC 27527	TPI office 2 @ gmailicom
Address	Email Address
22/52	
License #	ion
Tatum Insulation II Gamer NC	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.

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Signature of Owner/Contractor/Officer(s) of Corporation	11-30-22
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:
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: Kath Blown Owner Date: 11-30-22