

4201

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match

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Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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.	1/110 10 11			
Owner's Name	KMB@ Building LLC	Date: 2-22-23		
Site Address:	KMB@ Building LLC McDougalD Rd Lillington NC	27546 Phone: 919-669-7140		
Subdivision: N/+	ed Work: New SFD	Lot:		
Description of Propose	ed Work: New SFD	Total Job Cost: #160,000		
	General Contractor Information			
Keith U	Chael Brown	919-669-7140		
Building Contractor's C	Company Name,	Telephone		
805 Coley F	Farm Rd Fuguay Vanina NC 27526	KMBC11@ gmail, com		
Address	0 /	Email Address		
31/15	HEATED SQ FT/4/4 GARAGE SC) FT O		
License #	Electrical Contractor Information			
Description of Work	New 5FD Service Size:	200 Amps T-Pole: Yes No		
Alpha & Omeg	Company Name	919-669-3418		
Electrical Contractor's	Company Name	Telephone		
1089 Lake N	idge Dr. Creedmoor NC 27532	Ludwig electrical e gmail, c		
Address 24828		Email Address		
License #				
Mechanical/HVAC Contractor Information				
Description of Work	New SFD			
Certified	Heating LAir	910-858-0000		
Mechanical Contractor	's Company Name	T 1 1		
PO BOX 1071	Hope Mills NC 28348	Certificalheatair @ gmail: Co. Email Address		
Address		Email Address		
20012 4267				
License #	Plumbing Contractor Information			
Description of Work		# Baths 2		
Thomatons	New SFD Plumbing Inc	919-550-4833		
Plumbing Contractor's	Company Name	Telephone		
3160 -A Vin	son Rd. Clayton NC 27527	TPI office 2 @ gmail.com		
Address		Email Address		
22/52				
License #	Insulation Contractor Information			
Tatum I	nsulation I Gamer NC	919-661-0999		
	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

2-22-23 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. Owner Date: 2-22-23 Sign w/Title: