

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: KMB Building LLC Date: 2-22-23
 Site Address: Tripp Rd, Lillington NC 27546 Phone: 919-669-7140
 Subdivision: N/A Lot: 3
 Description of Proposed Work: New SFD Total Job Cost: \$160,000

General Contractor Information

Keith Michael Brown Telephone: 919-669-7140
 Building Contractor's Company Name
805 Coley Farm Rd, Fuquay Varina NC 27526 Telephone: KMBC11@gmail.com
 Address Email Address
51713 HEATED SQ FT 1414 GARAGE SQ FT 0
 License #

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No
Alpha & Omega Electric of NC LLC Telephone: 919-669-3418
 Electrical Contractor's Company Name
1084 Lake Ridge Dr, Creedmoor NC 27522 Telephone: Ludwigelectrical@gmail.com
 Address Email Address
24828
 License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
Certified Heating & Air
 Mechanical Contractor's Company Name Telephone: 910-858-0000
PO Box 1071 Hope Mills NC 28348 Telephone: Certifiedheatair@gmail.com
 Address Email Address
20012 H2C7
 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 Telephone: TPI office 2@gmail.com
 Address
22152
 License #

Insulation Contractor Information

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



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 Bauer
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.

Sign w/Title: Keith Bauer Owner Date: 2-22-23