

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Kara Homes, Inc.	Date 8/8/2023
Owner's Name:	040 200 0447
Site Address: 336 Deer Tail Ln.	Phone 919-390-9117
Subdivision: Cotton Farms	Lot36
Description of Proposed Work: New Single Family Dwelling	Total Job Cost <u>\$480,000</u>
General Contractor Informatio	<u>n</u>
Kara Homes, Inc.	919-390-9117
Building Contractor's Company Name	Telephone
1001 Procure St. Suite 101 Fuquay Varina, NC 27526	chris@karahomesinc.com
Address	Email Address
59615 HEATED SQ FT 2,938 GARAGE S	<mark>Q FT</mark> 580
License #	
Description of Work New Residential Install Service Size:	<u>on</u> _ <u>200</u> _Amps_T-Pole: _X_YesNo
Lights Unlimited, Inc.	919-779-6838
Electrical Contractor's Company Name	Telephone
310 McCormick St. Garner, NC 27529	andrew.craven@ymail.com
Address	Email Address
SP.SFD.36240	
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work New Residential Install	
Stephenson Heating and Air Conditioning, Inc. / Charles Anthony Stephenson	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, NC 27529	stephensonhvac@aol.com
Address	Email Address
18644	
License # Plumbing Contractor Information	
Description of Work New Residential Install	# Baths3
Sweetwater Plumbing, LLC	919-418-4565
Plumbing Contractor's Company Name	Telephone
3460 Apex Peakway Apex, NC 27502	tom@sweetwaterplumbingllc.com
Address	Email Address
23793 License #	
Insulation Contractor Information	
	on
Tatum Insulation II 519 Old Drugstore Rd. Garner, NC 27529	<u>on</u> 919-661-0999

*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.

Richard Beland - General Contractor	8/8/2023
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensa	tion N.C.G.S. 87-14
The undersigned applicant being the:	
X 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 v

vork 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 X 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. Richard Beland - General Contractor

Sign w/Title: