

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 _ 11/13/2024
Site Address: 70 Lambert Ln	Phone 919-390-9117
Subdivision: Purfoy Place	Lot <u>3</u>
Description of Proposed Work: New Single Family Dwelling	Total Job Cost _ \$490,000
General Contractor Information	
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 2,937 GARAGE S	Q FT 564
License #	
Description of Work New Residential Install Service Size:	
Mabry's Electrical	200 Amps T-Pole: <u>X</u> Yes <u>No</u> 919-639-4837
Electrical Contractor's Company Name	
731 Mabry Rd. Angier, NC 27501	Telephone johnnie@mabryelectrical.com
Address	Email Address
U.15077	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
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	<u>on</u>
Description of Work New Residential Install	# Baths <u>3</u>
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	
Tatum Insulation II 519 Old Drugstore Rd. Garner, NC 27529	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.



**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.

Date

Date:

Richard Beland - General Contractor 11/13/2024

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

Sign w/Title:

Affidavit for Worker's Compensation N.C.G.S. 87-14							
i ne ur	ndersigned applicant being	tne:					
X	General Contractor	Owner	Officer/Agent of t	he 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.							
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.							
Depar to issu carryir	working on the project for the timent issuing the permit mance of the permit and at any out the work.	ay require certificate any time during the	es of coverage of work permitted work from ar	er's compensation insur	ance prior		
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