Application #

		y Central Permitting	
* Each section below to be filled out by whomever performing work. Must be owner/loccupier or licensed contractor. Address, company name & phone must match information on license.	910-893-7525 Fax 910-89 Application for Resident		
Owner's Name	KMB Building	LLC	Date: 7-12-24
	78 Spring hill		
Subdivision:	VIA		Lot: 6
Description of Propos	ed Work NEW 51	=D	Total Job Cost # 200,000
		tractor Information	
Keith U	lichael Brown		919-669-7140
Building Contractor's			Telephone
			KMBC11@ gmail.com
Address	1.1	1-5	Email Address
51713	HEATED SQ FT /4	35 GARAGE SC	FT N/A
License #	Flactrical Cor	ntractor Information	
Description of Work	New SFD		200 Amps T-Pole: Yes No
Alpha & Ome	an Electricat NC LL		919-669-3418
Electrical Contractor s	Ga Electric of NC LL Company Name		Telephone
1084 Lake h	idge Dr. Creedmoor	NC 27532	Ludwig electrical e gmail, c
Address	J -		Email Address
24828	anne.		
License #	Mechanical/HVAC	Contractor Inform	action
Description of Work		CONTRACTOR INFORM	nation .
1 1 1 1	Heating & Air		910-858-0000
Mechanical Contracto			Telephone
A A	Hope Mills NC 2834	8	Certifiedheatair @ amailico
Address	,		Email Address
20012 4263	1		
License #			
	Plumbing Cor	ntractor Information	
Description of Work	NEW SFD		# Baths 🔍
	5 Plumbing Inc		919-550-4833
Plumbing Contractors		11/27/07	Telephone
Address	nson Rd. Clayton A	16 21521	TPI office 2 @ gmailicom Email Address
22152			Ellidii Address
License #			
		ntractor Informatio	
Tatum =		amer NC	919-661-0999
Insulation Contractor	s Company Name & Address		Telephone



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

7-12-24

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
Sign w/Title: Kith Blown Owner Date: 7-12-2