



Application # \_\_\_\_\_

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

\* 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: KB Home Raleigh-Durham Inc. Date \_\_\_\_\_Site Address: \_\_\_\_\_ Phone 919-768-7986Subdivision: Birchwood Grove Lot \_\_\_\_\_Description of Proposed Work: New Single Family Residential Total Job Cost \_\_\_\_\_

**General Contractor Information**

KB Home Raleigh-Durham Inc. 919-768-7988Building Contractor's Company Name Telephone1800 Perimeter Park Dr., Ste. 140, Morrisville, NC 27560 raleighpermits@kbhome.comAddress Email Address53775 HEATED SQ FT GARAGE SQ FTLicense #

**Electrical Contractor Information**

Description of Work New Single Family Residential Service Size: 600 Amps T-Pole: X Yes \_\_\_ NoRaleigh Lanehart Electric Co. Inc 919-303-6266Electrical Contractor's Company Name Telephone1120 Burma Drive, Apex, NC 27539 verlinda@lanehart.comAddress Email Address24986-ULicense #

**Mechanical/HVAC Contractor Information**

Description of Work New Single Family ResidentialCarolina Comfort Air 919-550-7711Mechanical Contractor's Company Name Telephone703 N Clinton Ave, Dunn, NC 28334 josh@carolinacomfortair.comAddress Email Address29077 H3C1License #

**Plumbing Contractor Information**

Description of Work New Single Family Residential # Baths \_\_\_\_\_A & R Plumbing, LLC 919-609-3650Plumbing Contractor's Company Name Telephone224 Clearwater Drive, Smithfield, NC 27577 arplumbingllc@gmail.comAddress Email AddressP34300License #

**Insulation Contractor Information**

Tri City Insulation: 7204 Becky Circle, Raleigh, NC 27615 919-790-9684Insulation Contractor's 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.**

DocuSigned by:  
*Rachel Cavalear*  
DFC52D88FA2C49C... Contractor/Officer(s) of Corporation \_\_\_\_\_ 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: *Rachel Cavalear* \_\_\_\_\_ Director of DUP \_\_\_\_\_ Date: \_\_\_\_\_  
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