

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

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

Application for Residential Building and Trades Permit

Owner's Name: KB Home Raleigh-Durham Inc.	Date 3/13/2025	
Site Address: 42 Caspian Court	Phone 919-768-7986	
Subdivision: Elyse Meadows	Lot 9	
Description of Proposed Work: New Single Family Residential	Total Job Cost \$151,545.00	
General Contractor Informati		
KB Home Raleigh-Durham Inc.	919-768-7988	
Building Contractor's Company Name	Telephone	
1800 Perimeter Park Dr., Ste. 140, Morrisville, NC 27560	raleighpermits@kbhome.com	
Address	Email Address	
53775 HEATED SQ FT 1910 GARAGE	SQ FT 418	
License #		
Electrical Contractor Informat		
Description of Work New Single Family Residential Service Size		
Raleigh Lanehart Electric Co. Inc	919-303-6266	
Electrical Contractor's Company Name	Telephone	
1120 Burma Drive, Apex, NC 27539	verlinda@lanehart.com	
Address	Email Address	
24986-U		
License #	rmation	
Mechanical/HVAC Contractor Info	mation	
Description of Work New Single Family Residential		
Romanoff Heating & Cooling Charlotte, LLC	919-210-9295	
Mechanical Contractor's Company	Telephone	
3006 Industrial Dr., Bldg. F, Ste. 120, Raleigh, NC 27609	JArmstrong@romanoffgroup.cc	
Address	Email Address	
L.22375		
License #	Non	
Plumbing Contractor Informat		
Description of Work New Single Family Residential	# Baths_2	
C&M Plumbing, Inc.	919-658-6109	
Plumbing Contractor's Company Name	Telephone	
5431 US Hwy 117 S Alt., Mount Olive, NC 28365	chad@cmplumbingseptic.com	
Address	Email Address	
L.19887		
License #	tion	
Insulation Contractor Information City Wide Insulation of Madison, Inc.: 506 Radar Rd., Suite A, Greensboro, NC 27409 608-320-6507		
Insulation Contractor's Company Name & Address	Telephone	
	relevitore	

*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.

3/13/2025

Rachel Cavalear	3/13/2025	
ntractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
X General Contractor Owner X 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:		
X Has three (3) or more employees and has obtained worke	ers' compensation insurance to cover them.	
$\overline{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
$\frac{\mathbf{X}}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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: Kachel Cavalear Director	of DUP Date: 3/13/2025	