



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 PermitOwner's Name: KB Home Raleigh-Durham Inc. Date _____Site Address: _____ Phone 919-768-7986Subdivision: Elyse Meadows 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 NameTelephone1800 Perimeter Park Dr., Ste. 140, Morrisville, NC 27560raleighpermits@kbhome.comAddressEmail Address53775HEATED SQ FTGARAGE SQ FTLicense #**Electrical Contractor Information**Description of Work New Single Family Residential Service Size: 600 Amps T-Pole: X Yes ___ NoRaleigh Lanehart Electric Co. Inc919-303-6266Electrical Contractor's Company NameTelephone1120 Burma Drive, Apex, NC 27539verlinda@lanehart.comAddressEmail Address24986-ULicense #**Mechanical/HVAC Contractor Information**Description of Work New Single Family ResidentialRomanoff Heating & Cooling Charlotte, LLC919-210-9295Mechanical Contractor's CompanyTelephone3006 Industrial Dr., Bldg. F, Ste. 120, Raleigh, NC 27609JArmstrong@romanoffgroup.ccAddressEmail AddressL.22375License #**Plumbing Contractor Information**Description of Work New Single Family Residential

Baths _____

C&M Plumbing, Inc.919-658-6109Plumbing Contractor's Company NameTelephone5431 US Hwy 117 S Alt., Mount Olive, NC 28365chad@cmplumbingseptic.comAddressEmail AddressL.19887License #**Insulation Contractor Information**City Wide Insulation of Madison, Inc.: 506 Radar Rd., Suite A, Greensboro, NC 27409 608-320-6507Insulation Contractor's Company Name & AddressTelephone***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
 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: _____