



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: Birchwood Trails 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 FT

License # _____

Electrical Contractor InformationDescription 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-U

License # _____

Mechanical/HVAC Contractor InformationDescription of Work New Single Family ResidentialRomanoff Heating & Cooling Charlotte, LLC 919-210-9295Mechanical Contractor's Company Name Telephone3006 Industrial Dr., Bldg. F, Ste. 120, Raleigh, NC 27609 JArmstrong@romanoffgroup.ccAddress Email AddressL.22375

License # _____

Plumbing Contractor InformationDescription of Work New Single Family Residential # Baths _____David Baker Plumbing, Inc. 919-404-2600Plumbing Contractor's Company Name Telephone2245 NC Hwy 39, Zebulon, NC 27597 dbakerplumbing@aol.comAddress Email AddressL.08704

License # _____

Insulation Contractor InformationCity Wide Insulation of Madison, Inc.: 608-320-6507506 Radar Road, Suite A, Greensboro, NC 27409 Telephone

Insulation Contractor's Company Name & Address _____

***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 _____
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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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