

Application # _____

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

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
Site Address:	Phone 919-768-7986
Elvos Moodowo	Lot
Description of Proposed Work: New Single Family Residentia	al Total Job Cost
General Contractor Info	
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 GAF	RAGE SQ FT
License #	
Electrical Contractor Inf	
•	ce Size: 600 Amps T-Pole: X Yes No
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 # Mechanical/HVAC Contractor	or Information
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	•
Address	<u>JArmstrong@romanoffgroup.cc</u> Email Address
L.22375	Email Address
License #	
Plumbing Contractor Inf	formation
Description of Work New Single Family Residential	# Baths
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 #	
Insulation Contractor In	
City Wide Insulation of Madison, Inc.: 506 Radar Rd., Suite A, Greensboro	, NC 27409 608-320-6507
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

DocuSigned by:



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.

DFC52D88FA2C49C	ntractor/Officer((s) of Corporation	Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14						
The undersigned applicant being the:						
X General Conf	tractor	Owner X	_ Officer/Agent of the Co	ontractor 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 workers' compensation insurance to cover them.						
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.						
$\frac{X}{\text{covering themselves}}$ 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: Karlul	l Cavalear _	D	irector of DUP	Date:		
DFC52D	88FA2C49C					