Application	44	

Harnett County Central Permitting
PC Bio 85 Ullington 15C 27546
PT 154 PS 55 Fac 900 993 2755 Was American permits

* Each section below to be Medicul by whomever performing work Must be owner/occupier or i censed contractor. Address, company name & informat

Application for Residential Building and Trades Permit

phone must match	Appropriate the second	
Ornarie Name	KINB Building LLC	Date 10-16-25
Site Address /At	154 Jenkins St. Erwin No	C 28339 Phone 919-669-7140
Description of Propos	ed Work New SFD	Total Joh Cost # 120,000
	General Contractor Information	
Keith M		919-669-7140
Building Contractor's	Company Name	Telephore
805 Coley Fari	m Rd. Fuguay Varing NC 27526	KMBCI Legrail.com
51713 License #	HEATED SQ FT GARAGE	
0	New SED Service Size	ion
Alpha & Ome	JUCW PPD Service Size	AOD Amps T-Pole / res No
Electrical Contractor s	ga Electric of NC LLC Company Name	7/9-66 7- 3478
1084 Lake R	Company Name Pidge Dr. Creedmoor NC 27532	Ludwigelectrical o amail.
Address	y -	Emai Address
License #	CALLED TO SERVICE STATE OF THE	
	Mechanical/HVAC Contractor Infor	mation
Description of Work	NEW SFD	
Certified	Heating LAIN rs Company Name	410-858-0000
PO BOX 1071	Huge Mills NC 28348	Telephone
Address	•	Certificatheatair @ gmailic
20012 H2C3		
	Plumbing Contractor Informati	on , L
Description of Work	New SFD	# Baths 1-2
Plumbing Contractor's	New SFD S Plumbing Inc Company Name	919-550-4833
3160 -A Vir	150n Rd. Clayton NC 27527	Telephone TPT office 2 () amail com
Address	in the congression of the control of	TPI office 2 egmailicom
12/61 License =	mental of the state of the stat	
	Insulation Contractor Informati	on .
	-nsulation I Guner NC	919-661-0999
Insulation 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.

Signature of Owner/Contractor/Officer(s) of Corporation

carrying out the work.

Sign w/Title:

10-16-25 Date

Owner Date: 10-16-25

The undersigned	Affidavit d applicant being		Compensation N.C.G.S. 87-14
Genera	al Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confi set forth in the p		s of perjury that the	e person(s), firm(s) or corporation(s) performing the work
Has three	e (3) or more emp	loyees and has ob	tained workers' compensation insurance to cover them.
Has one them.	(1) or more subco	ontractors(s) and h	as obtained workers' compensation insurance to cover
Has one covering themse	8. 1	ontractors(s) who h	as their own policy of workers' compensation insurance
Has no n	nore than two (2)	employees and no	subcontractors.
Department issu	uing the permit ma	ay require certificat	sought it is understood that the Central Permitting les of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation