



\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # \_\_\_\_\_

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: LCI HOMES - NC LLC Date: 8/27/20

Site Address: 5135 STATE HWY 210 ANSIE Phone: \_\_\_\_\_

Description of Proposed Work: CONSTRUCTION OF SEWER LIFT STATION

General Contractor Information: Building Cost \$ \_\_\_\_\_

WATER & WASTE SYSTEMS CONST. 910 661-8602

Building Contractor's Company Name Telephone

14 APOTHECARY CT. GARNER NC 27529 BCLINARDOWNS@GMAIL.COM

Address Email Address

Billy Wil 35745

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

Electrical Contractor Information: Electrical Cost \$ 20,000

Description of Work CONST. OF SEWER LIFT STATION Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

L & M ELECTRIC, INC. 910 772-3356

Electrical Contractor's Company Name Telephone

13670 CLEVELAND RD. GARNER NC 27529 LANDMELECTRICAL@YAHOO.COM

Address Email Address

Benny L Myers 5830-4

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

Mechanical Contractor Information: Mechanical Cost \$ \_\_\_\_\_

Description of Work N/A # Units \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ \_\_\_\_\_

Description of Work SEWER LIFT STATION WATER SUPPLY # Baths \_\_\_\_\_

WATER & WASTE SYSTEMS CONST. 910 661-8602

Plumbing Contractor's Company Name Telephone

14 APOTHECARY CT. GARNER NC 27529 BCLINARDOWNS@GMAIL.COM

Address Email Address

Billy Wil 35745

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

Insulation Contractor Information

N/A Telephone \_\_\_\_\_

Insulation Contractor's Company Name & Address

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

**Sprinkler Contractor Information**

N/A  
 Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 Signature of Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Fire Alarm Contractor Information**

N/A  
 Fire Alarm Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 Signature of Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

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 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 charged at full price per current fee schedule.

Billy Chit \_\_\_\_\_ Date 8/27/20  
 Signature of Owner/Contractor/Officer(s) of Corporation

**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: Billy Chit PROJECT MANAGER Date: 2/4/21

## Details: Notice to Lien Agent

Entry #: 1289411 | Linked to: #1288441

Filed on: 08/06/2020

Initially filed by: Gainesandcompany

Status:

Active -

Expires on 08/06/2025

### Parent Filings Information

Linked to Appointment of Lien Agent with ID: 1288441

### Potential Lien Claimant Information

#### Gaines and Company

526 Three Sisters Rd  
Knightdale, NC 27545 United States

Phone: 919-779-4309

Fax:

Email: kgrammer@gainesandco.com

### Contracted Through

LGI Homes - NC, LLC

### Project Property

Atherstone Subdivison  
5135 State Highway 210  
Angier, NC 27501  
Harnett County

#### Attention:

I hereby give notice of my right subsequently to pursue a claim of lien for improvements to the real property described in this notice.

[View Comments \(0\)](#)

**Technical Support Hotline: (888) 690-7384**