Burne

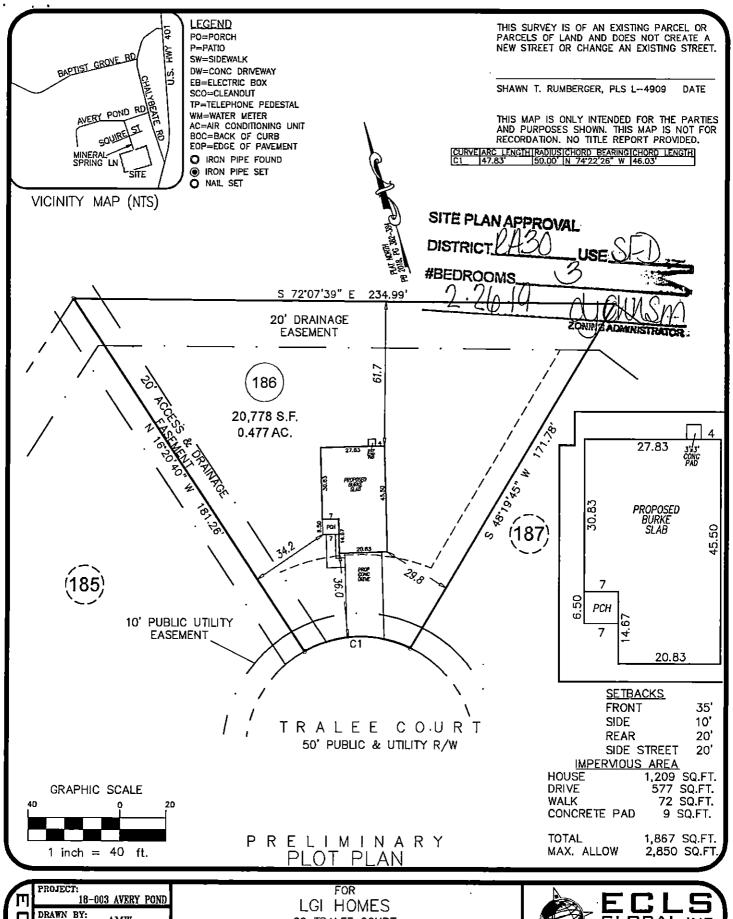
Initial Application Date: 2 19 19

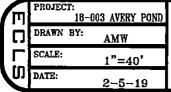


Application # SFD 1902.0057

				CU#	
Central Permitting 1	COUNTY OF O8 E. Front Street, Lillington	HARNETT RESIDENTIAL LAI NC 27546 Phone: (910) 8		893-2793 www.harne	tt.org/permits
A RECORDED SURV	EY MAP, RECORDED DEED (OR	OFFER TO PURCHASE) & SITE PL	AN ARE REQUIRED WHEN SUBI	MITTING A LAND USE APPLI	CATION
LANDOWNER: LGI	Homes	Mailing Addr	oss: 450 Lake	Problems D	<u> Suite</u> 430
city: The Woodlo	ndS state: TX z	ip: <u>77380</u> contact No: <u>9</u>]	<u>9-520-8406</u>	Email: Oliver. hu	doon elgihomes.
APPLICANT": DIVEY	Hudson	Mailing Address: 1450	Lark Robbing	or. Suite 4	au com
City: The Wood of Please fill out applicant Information	andS state: TX z	ip: <u>7788</u> Qontact No: <u>9</u> 1	9-520-8406	Email: Oliver. huc	lsone Iginomis.
CONTACT NAME ADDIVING	IN OFFICE. OTIVER	Malle nulling	·m (1		(V)
DEED OR OTP:		·			
PROPOSED USE:	a (I		·		•
		?.5 Basement(w/wo bath): (☐) yes (☐) no w/ a closet			Monolithic Slab:
		Basement (w/wo bath)			Off Frame
Manufactured Home:	SW DW TW (Size	x)# Bedrooms:	Garage: (site built?	Deck: site built	?
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Uni	t:		**
Home Occupation: # Roc	ms:Use:	Hours o	of Operation:	#Employe	ees:
_		<u> </u>			-
Sewage Supply: 🗸 New Si	entic Tank Expansion	New Well (# of dwellings usin (Need to Complete (New Well Relocation Existing S on other side of application if S nanufactured home within five h	County County Co	. ,	
	•	round or overhead () yes	, a		
Structures (existing or propose	ed): Single family dwellings:	OPPSED Manufacture	d Homes:	Other (specify):	
if permits are granted I agree t I hereby state that foregoing st	o conform to all ordinances atemen® are accurate and o Signature of Owner or O	and laws of the State of North C correct to the best of my knowle	Carolina regulating such work dge. Permit subject to revo	cation if false information	is provided.
to: boundary information	responsibility to provide t n, house location, undergr incorrect or missin 'This application expire:	wher's Agent he county with any applicable ound or overhead easements g information that is containe s 6 months from the initial da LICATION CONTINUES ON	e information about the sult, etc. The county or its emed within these application to if permits have not been	bject property, includin ployees are not respon	g but not limited sible for any

strong roots • new growth





66 TRALEE COURT
LOT 186 AVERY POND SUBDIVISION; PHASE IIIA
HECTOR'S CREEK TWP., HARNETT CO., NC
P.B. 2018, PG. 382-384



ECLS GLOBAL, INC U.S. VETERAN-DWNED 19 N MCKINLEY ST CDATS, NC 27521

CDATS, NC 27521 910.897.3257 ECLSGLOBALING.COM 910.897.2329 (FAX) CO#C-4175





**This application expires 6 months from the initial date if permits have not been issued **.

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT

OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

□ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet** end of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- . DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acce		{} Innovative {\(\sum_{\conventional} \) Conventional {} Any		
{}} Alte	mative	{}} Other		
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{}}YES	{ <u>Ж</u> } №	Does the site contain any Jurisdictional Wetlands?		
{}}YES	0И { <u>X</u> }	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	ON $\{X\}$	Does or will the building contain any drains? Please explain.		
{}}YES	ON { X _}	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	ON { X _}	Is any wastewater going to be generated on the site other than domestic sewage?		
{_}}YES	$\{oldsymbol{\chi}\}$ NO	Is the site subject to approval by any other Public Agency?		
{ √ }YES	{}} NO	Are there any Easements or Right of Ways on this property?		
{_}}YES	{ <u>X</u> } №	Does the site contain any existing water, cable, phone or underground electric lines?		
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.		

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

strong roots · new growth

Application #	
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name: LCI Homes - NC, LLC	
Site Address:	Phone: 7/9-795-3922
Directions to job site from Lillington: Hwy 401N From Lillington: Left on Chalybeate Rd for "18 mile, Avery	enter to Fuguer Varina.
Left on Chalybeate Rd for 1/8 mile. Avery	Pand on Left
, , , , , , , , , , , , , , , , , , , ,	
Subdivision: Avery Pond	Lot:
Description of Proposed Work: New Construction - SF	D # of Bedrooms:3
Heated SF: 1800 Unheated SF: Finished Bonus Room?	No bon @ Crawl Space: Slab:
General Contractor Information	<u>on</u>
LGT Homes-NC LLC Building Contractor's Company Name Building Contractor's Company Name	919-795-3922
	Telephone
Address The Warplands Tu	Keith. Sears a LGThomes. com Email Address
Address The Woodlands, TX 74803 License #	
Description of Work New Construction Service Size	<u>íon</u> : <i>200</i> Amns T-Pole: ✓ Ves No
J. Crabtree Electric	919-557-1800
Electrical Contractor's Company Name	Telephone
103 Floming St. Address	J. Crabtree ayahoo.com
<u> </u>	Email Address
20925 License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New Construction	
Caryl Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Drive Monroe	mwalker acarylmechanicals. con
16647 - Douglas Bivens	Email Address
<u> 10441 - D</u> 009105 6 17615	
Plumbing Contractor Informati	on ,
Description of Work New Construction	# Baths 2 1/2
Barbour and Pourrow Plumbing Plumbing Contractor's Company Name	919-553-4455
	Telephone
114 Lec Court Clayton, NC 27520 Address	Telephone <u>Jerumy abplumbing.com</u> Email Address
Address	Email Address 7 V
License #	
Insulation Contractor Informati	ion_
Tatum Insulation	<u>919-661-0999</u> Telephone
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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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.

La Sam	2/15/19
Signature of Owner/Contractor/Officer(s) of Corporation	Date

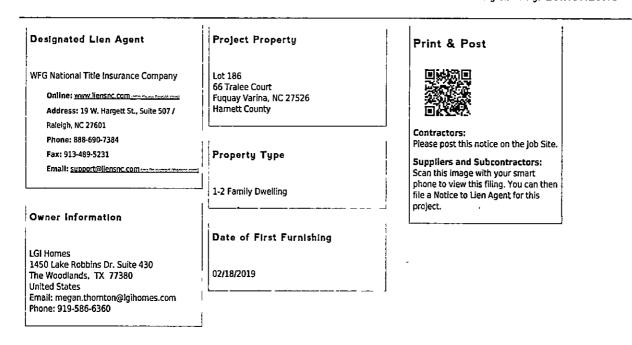
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner Officer/Agent of the Contractor or Owner		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
Has 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.		
Company or Name: LGI Homes - NC, LLC.		
Sign w/Title: <u>Lail for - Regional Construction Manager</u> Date: 2/15/19		

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 994493

Filed on: 02/20/2019
Initially filed by: LGIHOMESNC



View Comments (0)

Technical Support Hotline: (888) 690-7384