Application # SFD911-0035

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: LCT Homes - NCLC	Date: 1 1019
Site Address: 171 DIO THAC Why Juguar Varing	3 M. 17544 BIO 305 -5
Directions to job site from Lillington: How Fig. 1.11.	
Left on Chalybeate Rd for "18 mile, Avery	y fond 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 bones Crawl Space: Slah
LGT Homes-NC LIC Building Contractor's Company Name	919-795-3922
	Telephone
Address The Woodlands, TX  17380  License #	Keith. Sears a LGThomes, com
74803 THE POSODIANDS, 12	Lindii Address
Description of Work New Construction Service Size	on : 200 Amps T-Pole: Yes No
. U.M.C. ELLCS.I.S.	919-710-7381
Electrical Contractor's Company Name	Telephone
-10 1 10 CONTOCON CO. J. JUL 10	Construction e. concelectrical. con
126804 Clayton NC 27520	Email Address
License #	**
Mechanical/HVAC Contractor Inform	mation
Description of Work New Construction	
Mechanical Mechanical Mechanical Mechanical Mechanical Mechanical	704-882-4522
59/0 Starked Discontinuous M	Telephone
Address . Address Drive Monroe	mwalker acary/mechanicals.com Email Address
16647 - Douglas Bivens	Linal Address
License #	
Plumbing Contractor Information	
Description of Work New Construction	# Baths 2 1/2
Thortons Plumbing Plymbing Contractor's Company Name 3160 A VinSbn Ro Clayton NC 27527 Address	010-550-4833 Telephone
3160A VINSON RATIBUTION NE 97627	releptione
	Email Addiress
22152	
License #  Insulation Contractor Information	
Tatum Insulation	
Insulation Contractor's Company Name & Address	919-661-0999 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.

	Affidavit	for Worker's (	Compensation N.C.G.S. 87-14
The	indersigned applicant being	the:	1 110101010101
1	General Contractor _	Owner	Officer/Agent of the Contractor or Owner
Do he set fo	reby confirm under penaltie rth in the permit:	s of perjury that the	e person(s), firm(s) or corporation(s) performing the work
1	Has three (3) or more emp	oyees and has ob	tained workers' compensation insurance to cover them.
them.			as obtained workers' compensation insurance to cover
coveri	Has one (1) or more subcorng themselves.	ntractors(s) who ha	as their own policy of workers' compensation insurance
	Has no more than two (2) e	mployees and no s	subcontractors,
While y	working on the project for wh	ich this permit is s	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

Company or Name: LGI Homes - NC, LLC.

Sign w/Title: Zutlfr - Regional Construction Manager Date: