Application #	
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* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application	for Residentia	Building and	Trades	Permit
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Owner's Name:	ICI Homes-NC, LIC	Date: 11/8/19
Site Address:	sle Dia Heard Way	0.6
Directions to job s	site from Lillington: Hwy 401N From	1.11. 1 . 1
Left on C	Chalybeate Rd for 18 mile, A	very Port on lest
		PLF1
Subdivision: _ A		Lot: 02
Description of Pro	posed Work: New Construction -	SED #SED
Heated SF: 1800	Unheated SF: Finished Bonus Roo	om? No bones Crawl Spaces
1 197 1	in the state of th	mation
Building Contracto	r's Company Name	919-795-3922
1450 LA	11 3 1	Telephone
Address	The Woodlands, TX	Email Address
74803 License #	7773	0.8
	Electrical Contractor Info	
Description of World	k New Construction Service	Size: 200 Amps T-Pole: Yes No
Flectrical Contracto	CTOC or's Company Name	919-710-7381
	Moard St. suite 101	Telephone
riduress	Clayton NC 2762D	Construction & Uncellectrical Email Address
026804		Lindii Addiess
License #	Mechanical/HVAC Contractor	
Description of Work	Mechanical/HVAC Contractor I	<u>information</u>
Caryl Me		May One was
Mechanical Contrac	tor's Company Name	704 - 88 2 - 4522 Telephone
5910 Stock	eridge Drive Monror	mwalkeracary/mechanicals.com
, 19141.000	Douglas Bivens	Email Address
License #	Douglas Divens	
e-Euro	Plumbing Contractor Inform	mation
Description of Work	New Construction	# Baths 2 1/2
Thortone Plumbing Contractor	Plumbing	919-560-4883
SILDA VIX	s company Name	Telephone
Address,	ison Rd clayton NC 274	
22152		Email Address '
License #	Inquisit of	
Tatum Insul	Insulation Contractor Inform	
Insulation Contractor	s Company Name & Address	<u>919-661-0999</u> Telephone
		releptione

*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

The un	Affidavit for Worker's Compensation N.C.G.S. 87-14 dersigned applicant being the:	
·	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do here	eby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the h in the permit:	work
1	Has three (3) or more employees and has obtained workers' compensation insurance to cover the	nem.
them.	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to con-	ver
F	rlas one (1) or more subcontractors(s) who has their own policy of workers' compensation insura g themselves.	псе
F	Has no more than two (2) employees and no subcontractors.	
Departm to issuar	rorking on the project for which this permit is sought it is understood that the Central Permitting nent issuing the permit may require certificates of coverage of worker's compensation insurance nce of the permit and at any time during the permitted work from any person, firm or corporation out the work.	prior
Compan	ny or Name: LGI Homes - NC, LLC.	
Sign w/T	Title: Kuilfa - Regional Construction Manager Date: 118	9