

Application # _____

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.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: LGI Homes - NC, LLC Date: Nov 18 2019
Site Address: 105 Old Head Way Fuquay Varina NC 27524 Phone: 919-795-3922
Directions to job site from Lillington: Hwy 901N From Lillington to Fuquay Varina. Left on Chalbeate Rd for 1/8 mile, Avery Pond on Left

Subdivision: Avery Pond Lot: _____
Description of Proposed Work: New Construction - SFD # of Bedrooms: 4
Heated SF: 1800 Unheated SF: _____ Finished Bonus Room? No Crawl Space: _____ Slab:

General Contractor Information

LGI Homes - NC LLC 919-795-3922
Building Contractor's Company Name Telephone
1450 Lake Robbins #430 Keith.Sears@LGIhomes.com
Address The Woodlands, TX Email Address
74803 77380
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
CMC Electric 919-710-7881
Electrical Contractor's Company Name Telephone
106 N Lombard St. Suite 101 construction@cmc electrical.com
Address 026804 Clayton NC 27520 Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Caryl Mechanical 704-882-4522
Mechanical Contractor's Company Name Telephone
5910 Stockbridge Drive Monroe mwalker@carylmechanicals.com
Address 10647 - Douglas Bivens Email Address
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2 1/2
Thortons Plumbing 919-550-4833
Plumbing Contractor's Company Name Telephone
3160A Vinson Rd, Clayton NC 27527 Email Address
Address 22152
License #

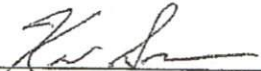
Insulation Contractor Information

Tatum Insulation 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

Nov 18 2019
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.

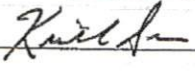
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:  - Regional Construction Manager Date: _____