

Application # <u>SF02002-0010</u>

* 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 Residential Building and Trades Permit

matten on license,	
Owner's Name: LGT Homes - NC, LLC Site Address: 882 Avery Pond or. Fugury Va	Date:
Site Address: 882 Avery Pond or. Fugury Va	Ma Phone: 919-796-3922
Subdivision: 1 Ward PDIIC	Lat. 120
Description of Proposed Work: New Construction -S	POTotal Job Cost:
General Contractor Information	
Building Contractor's Company Name	919-798-3922
1480 Lake Bohoms Drive ste 430	Telephone
The last of the state of the st	Keith Starselgihomes com
12,800	
License #	
Description of Work New Construction Information CMC Floatric.	Amps T-Pole: Yes No
	919-710-7381 Telephone
106 N. Comboard St. Slute 10	Telephone
Address Claumon Nr. 22620	Construction ocmceleric. Com Email Address
Ualoug	Lively reduces
License # Mechanical/HVAC Contractor Inform	and an
Description of Work New Construction	nation
Can Mechanical Mechanical Contractor's Company Name	704-882-4822
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Drive Montoe	Mvalker Cary mechanicals . Com
16647 - Douglas Bivens	Email Address
License #	
Plumbing Contractor Informatio	
Description of Work New Construction	# Baths 2 12 919-560-4833
Plumbing Contractor's Company Name	419-560-4833
3160A Vinson Rd Clayton NC27527	Telephone
Address	Email Address
27/52 License #	
Insulation Contractor Information	
100 um Linsulation	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, on the contractors of the certify it is my responsibility to notify the Harnett County Central Permitting Department of Experiment of Experiment

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.

wner/Contractor/Officer(s) of Corporation

2/5/2020

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: Date: 2026	