

Application # SFD2003-0089

Each section below to be filled out by whomever performing work. Must be owner or floarese springeter. Address, company name & phone must match information on floares. Harnett County Central Permitting PO Box 65 Litilington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

formation on license,	Transferring Building an	d Irades Permit
Owner's Name:	LGI Homes-NC, LIC	
Site Address: 77	9 Avery Ponol Drive.	L/CIG.
Subdivision: Allen		Phone: 919-795-3922
Description of Proposed	Work: New Construction-	SPOTotal Job Cost:
160 Hames	Ganaval Careta de a	tion
LGT Homes- Building Contractor's Con	NC. U.L.	919-796-3922
1450 Lave Di	Shows Drive ste 430	Telephone
	re woodlands TX 77380	Keith Starselgihomes.com
74803 License #	W 1000100100 1N 17080	Email Addition
	Electrical Contractor Information	et a v
CMC Electr	CONSTRUCTION Service Size	e: 200 Amps T-Pole: Yes No
Electrical Contractor's Con	mogny Name	919-710-7381 Telephone
JUL IV. COMO	and st. sline in	
Address	Hon NC 27620	Construction ocm clumic. Com
U26804	, , , , , , , , , , , , , , , , , , , ,	
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mechanical/HVAC Contractor Infor	mation
Description of Work	w construction	111841911
Mechanical Contractor's Co	MINIMA	704-882-4522
5910 Stock by	dal Drue Monroe	Telephone
MULDOD	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mvalker cary mechanicals w
1664 + - DDUg	las bivens	Email Address
3333511 B 30 15	Plumbing Contractor Information	n
Description of Work	w construction	_# Baths_ 2 1/2
I MORTONS PL	umbing	919-550-4833
Plumbing Contractor's Comp 3160A VIOSON	pany Name	Telephone
Address	Rd Clayton Nc27527	
Address 27/52		Email Address
License #	Insulation 6	
Tatum Insu	Insulation Contractor Informatio	71 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Insulation Contractor's Comp	any Name & Address	719-661-0499 Telephone
		- arapitatio

*NOTE: General Contractor / pwner must fill out and sign the second page of this application.

strong roots · new growth



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 Hamett County Zonling 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 beamission 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 Hamett 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

Signature of Owner/Contractor/Officer(s) of Corporation

Sign w/Title:

Affidavlt for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being tha: 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 my time during the permitted work from any person, firm or corporation carrying out the work.