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 Residential Building and Trades Permit

Owner's Name:	Date: 5/14/2020
Site Address: 131 10 MMC/a Dr.	
Directions to job site from Lillington: How Hold From Lillington:	Phone: 919-795-3922
Left on Chalybeate Rd for 18 mile, Aver	Part of Puguay Varina.
- I HVE	Tond on Left
Subdivision: Avery Pond	Lot:_ \22
Description of Proposed Work: New Construction - SE	7
Heated SF: 1800 Unheated SF: Finished Bonus Room?	# of Bedrooms: 3
The state of the s	on Slab:
Building Contractor's Company Name	919-795-3922
1450 LAKEROHBINS #430	Telephone
Address The Woodlands, Tx	Keith. Sears a L G Thomes. com
74803 TE 1000 DIANOS, 1K	Émail Address
177380 License #	
Description of Work New Construction Service Size	on
CMC HENTOC	919-710-738)
Liectrical Contractor's Company Name	Telephone
-106 N Lombard St. suite 101	construction e emcelectrico
12/1954 Clayton NC 27520	Email Address
License #	•
Mechanical/HVAC Contractor Inform	nation
Description of Work New Construction	
Mechanical Mechanical Mechanical Contractor's Company Name	704-882-4522
Mechanical Contractor's Company Name	Telephone
Address Address	mwalke-acary/mechanicals.com
16647 - Douglas Bivens	Email Address
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work New Construction	# Baths 2 1/2
Thortone Plumbing Plumbing Contractor's Company Name  3160 A Vinson Rd Cloyton NC 27627  Address.	919-560-4883
SILOA VIOCED PA CLOUTES NC DCT	Telephone
Address # License #	)
_2/2/152	Email Address '
Liourise in	
Tatum Insulation Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	919-661-0999
Transfer of 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

5/14/2020

The und	Affidavit for Worker's Compensation N.C.G.S. 87-14 dersigned applicant being the:
_1	General Contractor Owner Officer/Agent of the Contractor or Owner
Do here set forth	eby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work in the permit:
1	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
them.	las one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
F	las one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance g themselves.
H	las no more than two (2) employees and no subcontractors.
Departm to issuar	orking 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 prior not of the permit and at any time during the permitted work from any person, firm or corporation out the work.
Compan	y or Name: LGI Homes - NC, LLC.
	Title: Puil de - Regional Construction Manual Date: 5/14/2620