

Application #

Harnett County Central Permitting

o be filled out
po Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.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 information on license.

Application for Residential Building and Trades Permit

| nation on license. | The sale in the sa | Trades Permit | |
|----------------------------|--|---------------------------------------|-------------------|
| Owner's Name: | LGI Homes - NC, LLC | Date: | 5/14/2020 |
| Site Address: 40 | Lahineh Dr. | Phone: 019- | 799-3922 |
| Subdivision: They | y Pand | Lot: 26 | 10 0 100 |
| Description of Proposed | a Work: New Construction- | POTotal Job Cost: | |
| LED Hames | General Contractor Informat | ion | |
| COT HOMES. | - NC, LLC | 919-798-39 | 22 |
| Building Contractor's Co | ompany Name | Telephone | 76 |
| Address T | obbins Drive ste 430 | Kerth Starsel | aihomes.com |
| 74803 | he woodlounds TX 77380 | Email Address | |
| License # | | | |
| | Electrical Contractor Information | ion | |
| Description of Work | Electrical Contractor Information Structure Size | e: 200 Amps T-Pole: VY | es No |
| CMC Flect | 110 | 919-710-78 | 381 |
| Electrical Contractor's C | | Telephone | - |
| Address CA | and st. Slute 101 | construction | ocincelectric.com |
| U26804 | 4ton NC 27520 | Email Address | |
| License # | | | |
| | Mechanical/HVAC Contractor Infor | mation | |
| Description of Work | ew Construction | | |
| Carul Merk | nanical | 704-882-49 | 22 |
| Mechanical Contractor's | Company Name | Telephone | |
| 5910 Stouch | ridge Drive Monroe | MUMILAROLON | ylmechanicals.com |
| Address | . \ | Email Address | gimedian aus in |
| 16647 - DOW | gias bivens | CONTRACTOR OF CONTRACTOR CONTRACTOR A | |
| License # | Dismilia - Out | | |
| Description of Work | Low Construction | 0 1/0 | |
| | | # Baths 22 | |
| Plumbing Contractor's Con | lumbing | | 33 |
| 3160A Vinson | n Rd Clayton NC27527 | Telephone | |
| Address | The Clayby wear as | | |
| 22/52 | - | Email Address | |
| License # | 8 | | |
| Tahus D - | Insulation Contractor Information | | r da |
| 100 um Lns | bulation | 919-661-09 | 99 |
| nsulation Contractor's Con | npany 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 Hamett 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 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 curelit fee schedule.

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

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 wo | | | |
| 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: | | | |