	11	Application #	
* 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 Perm PO Box 65 Lillington, NC 2754 910-893-7525 Fax 910-893-2793 www.harn Application for Residential Building an	646 rnett.org/permits	
	Lahinch Drive Mullington: Hwy 401N From Li, Spente Rd for "18 mile, Ava	Phone: 919-795-3922 illington to Fuguey Varina. cry Pond on Left	
Heated SF: 1800 Un LGT Hor Building Contractor's Co	heated SF: Finished Bonus Room' General Contractor Informa Mes - NC LC Impany Name RohbinS #430 The Woodlands Tr	1? No bon Crawl Space: Slab: Slab: atlon 919-795-3922 Telephone Keith. Sears a LGThomes. com Email Address	7
Description of Work CMC Flech Electrical Contractor's C	ompany Name M St. Suite 101 ton NC 27520	nation lize: 200 Amps T-Pole: Yes_No Q19-70-7381_ Telephone CONSTRUCTION COLUMN A. Email Address	. COT
Audress		704-882-4522 Telephone mualki-acarylmechanicals.com Email Address	n

ractor's Company Name & Address

Insulation Contractor's Company Name & Address

919-661-0999

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

Insulation Contractor Information

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, 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

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			
Company or Name: LGI Homes - NC, LLC.			
Sign W/Title: Zwilfon - Regional Construction Mangar Date: 5/14/2020			