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 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: 6/16/2020 |
|---|--|
| Site Address: 59 bombea Drive | 010 000 |
| Directions to job site from Lillington: Hwy 401N From Lilli | 1 . 1 |
| Left on Chalybeate Rd for 18 mile, Avery | Pont on lest |
| | |
| Subdivision: Avery Pond | Lot: 157 |
| Description of Proposed Work: New Construction - SF | D # of Bedrooms: 3 |
| Heated SF: 1800 Unheated SF: Finished Bonus Room? | No bones Crawl Space: Slate |
| LGI Homes-NC General Contractor Information | <u>on</u> |
| Building Contractor's Company Name | 919-795-3922 Telephone |
| 1450 LAKERONDINS #430 | |
| Address The Woodhards Tu | Keith. Sears a LGI homes. com Email Address |
| 74803 License # 77380 | |
| Electrical Contractor Information | on |
| Description of Work New Construction Service Size: | 200 Amps T-Pole: Yes No |
| Electrical Contractor's Company Name | 919-710-738) |
| -106 N Lombard St. suite 101 | Telephone |
| 1) 210254 Clayton NC 27520 | Construction & concluction |
| U d 0 8 0 4 100 0 | ** |
| Mechanical/HVAC Contractor Inform | nation |
| Description of Work New Construction | nation |
| Caryl Mechanical | 704-882-4522 |
| Mechanical Contractor's Company Name | Telephone |
| 5910 Stockbridge Drive Monror | 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 |
| Plumbing Contractor's Company Name | 919-660-4883 |
| SILOA VINCEN RA CINUTAN NI 27627 | Telephone |
| Address Company | Email Address ' |
| Description of Work New Construction Thortons Plumbing Plumbing Contractor's Company Name SIVOA VINSON Rd Cloyton NC 27627 Address Jacobse # | |
| Insulation Contractor Information | |
| latum Insulation | |
| nsulation Contractor's Company Name & Address | <u>919-661-0999</u> 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

6/16/2000

| 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. |
| Company or Name: LGI Homes - NC, LLC. |
| Sign W/Title: Zuil for - Regional Construction Mangaer Date: 6/16/2020 |