

Application # ____

* 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. 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

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Owner's Name: LGT Homes - NC, LLC	Date:
Site Address: 10 0011000 DNVC	Phone: 919-796-3922
Subdivision: Avery Pond	Late ICI
Description of Proposed Work: New Construction	SPOTotal Job Cost:
General Contractor Informa	ition
Building Contractor's Company Name	919-798-3922
1450 Lake Bohoms Drive ste 430	relephone
Address I have done to the analysis	Keith Sears elgihomes. com
121800	
License #	office .
Description of Work New Construction Service Size	ze: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name	919-710-7281
106 N. Lombard st. Suite 101	Telephone
Address Clauton Nr. 22620	Construction och clean c. Com Email Address
Udebug	
License # Mechanical/HVAC Contractor Info	rmation
Description of Work New Construction	Milaton
Carul Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Drive Monroe	Mwalker @ Cary mechanicals . Lor
16647 - Douglas Bivens	Email Address
License #	
Description of Work New Construction	A 1/-
Thortons Plumbing	#Baths 2 /2 919-560-4833
Plumbing Contractor's Company Name	Telephone
3160A Vinson Rd Clayton NC2752	7
Address 22-152	Email Address
License #	
Insulation Contractor Informati	
Tatum Ensulation	919-661-0999
Insulation Contractor's 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 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 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

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 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.
Sign w/Title: Date: 6/16/2020