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: LGT Homes - NC, LLC	Date: 6/16/2020
Site Address: Alana Mana	11000
Directions to job site from Lillington: Hay 401N From 1:11	Phone: 919-795-3922
Left on Chalybeate Rd for 18 mile, Aver	Parla la Puguay Varina.
15, 1140	Tong on Left
Subdivision: Avery Pond	Lot: \\4
Description of Proposed Work: New Construction - SF	D # of Pode 2
Heated SF: 1800 Unheated SF: Finished Bonus Room?	We know Croud Spane
The state of the s	on Slab:Slab:
Building Contractor's Company Name	919-795-3922
	Telephone
Address The West Tre	Keith. Sears a LGThomes. com
Address The Woodlands, TK 74803 License #	Lindi Address
Florini	
Description of Work New Construction Service Size:	on Amps T-Pole: Yes No
CMC Hoctor	919-710-7381
Electrical Contractor's Company Name	Telephone
Address Charles St. Suite 101	construction of meelerancal.co
026804 Clayton NC 27520	Email Address
License #	*1
Mechanical/HVAC Contractor Inform	nation
Description of Work New Construction	
Caryl Mechanical Mechanical Mechanical Mechanical Mechanical Mechanical	704-882-4522
5910 Stockbridge Drive Monroe	Telephone
Andress	mwalker acary/mechanicals.com Email Address
16647 - Douglas Bivens	
Description of Work New Construction Inpriore Plumbing Contractor Information Plumbing Contractor's Combany Name 3 LODA VINSON RA Clayton NC 27527 Address 23 152 License #	# Baths 2 1/2
Inortons Plumbing	919-550-4333
Plumbing Contractor's Company Name	Telephone
2160H VINSON Ka Clayton NC 2152+	
23/52	Email Address //
License #	
T. Insulation Contractor Information	<u>n</u>
Tatum Insulation	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 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

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

6/16/2020

The undersigned applicant being t	for Worker's (the:	Compensation N.C.G.S. 87-14
General Contractor	Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties set forth in the permit:	of perjury that the	e person(s), firm(s) or corporation(s) performing the work
Has three (3) or more emplo	oyees and has ob	tained workers' compensation insurance to cover them.
Has one (1) or more subconthem.	tractors(s) and ha	as obtained workers' compensation insurance to cover
Has one (1) or more subcon covering themselves.	tractors(s) who ha	as their own policy of workers' compensation insurance
Has no more than two (2) en	nployees and no s	subcontractors.
While working on the project for whi Department issuing the permit may to issuance of the permit and at any carrying out the work.	ich this permit is s require certificate time during the p	ought it is understood that the Central Permitting s of coverage of worker's compensation insurance prior termitted work from any person, firm or corporation
Company or Name: LGI Hom	nes - NC.L	L.C.