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 Llllington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Bullding and Trades Permit

	The state of the s
Owner's Name: LGT Homes - NC, LIC	710/05
Site Address: 161) Min 400 1 Socioni Lana	Date: 7 8 20
Directions to job site from Lillington: U	1 Holle. 117-173-3922
Left on Chalybeate Rd for 18 mile, Ave	Mington to ruguay Varina.
The Ave	ry Fond on Left
Subdivision: Avery Pond	2-5
Description of Proposed Work: Next Content	Lot: 200
Heated SF: 1800 Unheated SF: Finished Bonus Room?  General Contractor Information	# of Bedrooms: 3
General Contractor Informa	tion Space: Slab:
Building Contractor's Company Name	919-795-3922
1450 LAKE Kophins #1/20	Telephone
Address The Washington	Keith. Sears a LGIhomes, com
77380	Littali Addless
Floatrical Court	
Description of Work New Construction Service Size	a 200 Amna T Dala
CMC ELEMA	919-710-7381
Electrical Contractor's Company-Name	Telephone
Address Clayton N. Suite 101	Constructione concelestric com
U21804 Mayton NC 27520	Email Address
License #	
Mechanical/HVAC Contractor Information of Work New Construction	mation
Caryl Medaniel	
Mechanical Contractor's Company Name	704-882-4522
5910 Stockbridge Drive Man	Telephone
	mwalke-acary/mechanicals.com Email Address
16647 - Douglas Bivens	7
Plumbing Contractor Information	200
Description of Work I'vew Construction	_# Baths_ 2 1/2
Plumbing Contractor's Company Name	010 1000
3 COA VINSON Rd Clayton NC 27627	19-50-4833 Telephone
2 (C) A VINSON Rd Clayton NC 27527	
3 (COA VINSON Rd Clayton NC 27627 Address License #	Email Address
License #	
Tatum Insulation Insulation Contractor Information	<u>n</u>
Insulation Contractor's Company Name & Address	919-661-0999 Telephone
- Stradob	elephone

\*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.

8ignature 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.	
Company or Name: LGI Homes - NC, LLC.	
Sign W/Title: Zwilf - Regional Construction Manager Date: 7 8 20	