

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: L6T. Homes - NC, LLC Site Address: 189 Mineral Spring Lane Subdivision: Avery Pho | |
| Site Address; 189 Mineral Sonna Lane | Phone: 919-796-3920 |
| | |
| Description of Proposed Work: New Construction - | SPOTotal Joh Cost: |
| General Contractor Informat | |
| Building Contractor's Company Name | 010-795-3002 |
| Building Contractor's Company Name | 919-796-3922 Telephone |
| 1450 Lake Hobbins Drive ste 430 | Keith Searse Lgihomes com Email Address |
| 1480 Lake Robbins Drive ste 430 Address 74803 The Woodlands TX 77380 | Email Address |
| License # | |
| Description of Work New Contention Service Size | tion _ |
| Description of Work WWW 4071 STWMON Service Size | e: 200 Amps T-Pole: VYes No |
| | 919-710-7381 Telephone |
| 106 N. Lombard St. Suite 101 Address Clayton NC 27520 | Telephone |
| Address Clayton Air 27620 | Construction ocan electric. Com |
| U26804 1011 100 27520 | Email Address |
| License # | |
| Mechanical/HVAC Contractor Infor | mation |
| Description of Work New Construction | 250 4000 |
| Mechanical Contractor's Company Name | 704-882-4522 Telephone |
| 5910 Stockbridge Drive Monroe | Mile of the Colon of the section of |
| | MWalker Cary mechanicals . Lor Email Address |
| 16647 - Douglas Bivens | Linda / Mariess |
| LICETISE # | |
| Plumbing Contractor Information | on Va |
| Description of Work New Construction Inortons Plumbing Plumbing Contractor's Company Name Plumbing Contractor's Company Name | #Baths d d |
| Plumbing Contractor's Company Name 3160A VINSON Rd Clayton NC27527 | 919-580-4855 |
| 3160A VIOSON Pd Clouton NG27523 | l elephone |
| Address | Email Address |
| 22/52 | All Address |
| License # | |
| Tatum Ensulation Contractor Information | on Old III NGGO |
| Insulation Contractor's Company Name & Address | 919-661-0999 Telephone |
| mediater Contractor's Company Name & Address | Lelephone |

*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

8/26/2000

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 ny time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title: 8/26/2020