Craven



Initial Application Date: Application #	Application #			
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION				
Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits				
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION				
LANDOWNER: LGI Homes Mailing Address: 1450 Lake Robbins Drive Ste 430				
City: The Woodlands State: TX Zip: 77380 Contact No: 919-520-8406 Email: oliver.hudson@lgihomes.c	om			
APPLICANT*: SAME Mailing Address:				
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner				
ADDRESS: 188 Chedworth Onive PIN:				
Zoning: Flood: Watershed: Deed Book / Page:				
Setbacks - Front: Back: Side: Corner:				
PROPOSED USE:				
SFD: (Size 37 x 45.14") # Bedrooms: 4 # Baths: Basement(w/wo bath): To Garage: Deck: Crawl Space: Slab: Slab: Slab: Labertonus (Is the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms)				
Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame [ISTAL HID SQFI]				
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)				
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SOFT				
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:				
Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no				
TOTAL HTD-SQ FIT GARAGE				
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic) Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no				
Does the property contain any easements whether underground or overhead () yes () no				
Structures (existing or proposed): Single family dwellings: from Manufactured Homes: Other (specify):				
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.				
/Signature of Owner or Owner's Agent Date				
It is the owner/applicants fosponsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications. *This application expires 6 months from the initial date if permits have not been issued**				

APPLICATION CONTINUES ON BACK

ALL LIGATION CONTINUES ON DAG

strong roots • new growth

CRAVEN



Application # _____

* Must be owner/occupier or dicensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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	Owner's Name: LGI Homes	Date 8/1/2002
	Site Address: 88 Chulworth Once	Phone 919-520-8406
	Subdivision: Atherstone	Lot 72
		Total Job Cost 8 177, 000
	General Contractor Information	7.0 5.0 0.4
	LGI Homes	919-520-8406
1,2	Building Contractor's Company Name 450 Lave Relobins Dr. Ste 430 The Woodlands	Oliver-hudson @ lainomes. Com
V	Address TV 113%D	Email Address
	74803 HEATED SQUET 2397 GARAGE SQ	431
	License # Electrical Contractor Information	
	Description of Work New Construction Contractor Information Service Size:	Amps T-Pole:YesNo
	J crastne	919-667-1600
	Electrical Contractor's Company Name	Telephone
	103 Fluming St., Cheelmoor NC 27522	J. Chabtreine Cychoo: Com
	20925	
	License # Mechanical/HVAC Contractor Inform	ation
	Description of Work New Construction	ation
	Cary Mechanical	704-882-4522
	Mechanical Contractor's Company Name	Telephone
	5910 Stockbridge Dr., Monroe NC 28110	I byrde cary mechanicals com
	Address 16647	Email Address
	License #	
	Plumbing Contractor Information	<u>n</u>
	Description of Work New Construction	# Baths
	Plumbing Contractor's Company Name	719-019-194+ Telephone
	PO BOX 1045, Dunn NC 28335	businessetitansplumbing.com
	Address 34800	Email Address
	License # Insulation Contractor Informatio	n o
	1 atum Insulation	919-661-0999
	Insulation Contractor's Company Name & Address	Telephone



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

8/1/2000

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.			
Sign W/Title: Tail In - Regional Construction Manager Date: 8/12022			

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1739724

Filed on: 07/25/2022 Initially filed by: LGIHOMESNC

Designated Lien Agent

Project Property

Print & Post

WFG National Title Insurance Company

Lot 72 188 Chedworth Drive Angier, NC 27501 Harnett County

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 / Raleigh, NC 27603 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com

Property Type

1-2 Family Dwelling

Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Date of First Furnishing

1450 Lake Robbins Drive Ste 430 The Woodlands, TX 77380 United States

Email: megan.thornton@lgihornes.com

Phone: 315-256-5807

08/03/2022

View Comments (0)

LGI Homes

Technical Support Hotline: (888) 690-7384