Blanco



* Must be owner/occupier or flicensed contractor Address, company name & phone must match information on license.

Application # 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.hamett.org/permits

Application for Residential Building and Trades Parelle

representation for Residential Building and Tr	ades Permit
Owner's Name: LGI Homes	Date 1/11/2023
Site Address: 30 Coleshill Road, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot _92
Description of Proposed Work: New Construction	Total Job Cost \$ 125,000
LGI Homes	
	919-520-8406
Building Contractor's Company Name	Telephone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Address	Email Address
74803 HEAVED SOIFT 1316 GARAGE SO	401
Description of Work New Construction Of Work New Construction Of Work New Construction Of Service Size:	<u>n</u>
OU VICE GIZE.	Nilips 1-PoleYesNo
Electrical Contractor's Company Name	419-667-1600
	Telephone
103 Fluming St., Cheedmoor NC 27522	J-CIROLTREUM C OYOHOD. COM
20925	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Construction	ation
Cary Mechanical	201 000 1600
Mechanical Contractor's Company Name	704-882-4522
5910 Stockbridge Dr. Monroe NC 28110	Telephone
Address	1 byrd @ Ceryl mechanicas. Com
16647	Email Address
License #	
Plumbing Contractor Informatio	n
Description of Work New Constraction	_# Baths
Titans Plumbing	919-1016-100
Plumbing Contractor's Company Name	Telephone
PO BOX 1045, DUNN NC 28335	
Address	business etitansplumbing Com Email Address
3480D	Email Address
License #	
Insulation Contractor Informatio	n o
1 urum Lingulation	919-661-0999
Insulation Contractor's Company Name & Address	Telephone
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

*MOTE: General Contractor I owner must fill out and sign the second page of this application.

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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.

ature of Owner/Contractor/Officer(s) of Corporation

1/11/2023

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 WTitle: Zail In - Regional Constitution Menyer Date:	