Burke



* Must be owner/occupier or ticensed 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 Permit

and Ita	ides i emili
Qwner's Name: LGI Homes	Date 4/12/23
Site Address: 75 Coleshill Road, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot 321
Description of Proposed Work: New Construction	Total Job Cost \$150,000
General Contractor Information	
LGI Homes Building Contractor's Company Name	919-520-8406
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone oliver.hudson@lgihomes.com
Address	Email Address
74803 HEAVIED SOIFT 2025 GARAGE SO	A.A.
License # Electrical Contractor Information	
Description of Work New Construction Mormation Service Size:	Amps T-Pole:YesNo
Crounting Electrical Contractor's Company Name	919-667-1600
10B Fluming St., Cheedmoor NC 27522	Telephone
Address	1. Chouotrain C Quonoo: com
20925	
License # Mechanical/HVAC Contractor Informa	41
Description of Work Nas Contractor Morning	ation
Cary Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Dr., Monroe NC 28110	I byrol@cery/mechanicas.com
16647	Email Address
icense #	
Plumbing Contractor Information	L
Description of Work New Constraints of Titans Pumbiner	# Baths
Plumbing Contractor's Company Name	710-019-194+ Telephone
19 BOX 1045 Dunn NC 28335	businessetitansplumbing.com
Address 34800	Email Address
icense #	
Insulation Contractor Information	
I atum Insulation	919-661-0999
nsulation Contractor's Company Name & Address	Telephone
PRIOTE: Connect Contents of	
*NOTE: General Contractor / owner must fill out and sign the se	scond page of this application.

strong roots · new growth





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

TH	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.		
Si	gn W/Title: Lail In - Regional Construction MunganDate:	