Ashley



Application #\_

Must be owner/occupier or ticensed 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.hamett.org/permits

Application for Residential Building and Trades Permit

-		THE STATE OF THE S
0	vner's Name:LGI Homes	Date 4/12/23
- 1	e Address: 250 Royal Meadow Drive, Angier, NC 2750	01 Phone 919-520-8406
Sı	bdivision: Atherstone	Lot 324
De	scription of Proposed Work: New Construction	Total Job Cost \$135,000
	General Contractor Information	- 1 day 6 day 4 - 1 dy 5 d 6 d
_	GI Homes	919-520-8406
	ilding Contractor's Company Name	Telephone
_	50 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Ad	dress	Email Address
	74803 HEATED SQIFT 1679 GARAGE SQ	<b>E</b> 395
LIC	ense #	and the second s
De	scription of Work New Construction Contractor Information	
	J Crabtall	Amps T-Pole: Yes No
Ele	ctrical Contractor's Company Name	<u>419-467-1600</u> Telephone
103	Fleming St., Cheedmoor NC 27522	1- Crowotreein C Cychop. com
Ad	ress	Fmail Address
C	10925	and the second
Lic	ense #	
	Mechanical/HVAC Contractor Information	ation
De	cription of Work New Construction	- Strong and Australia
_	LUTY Mechanical	704-882-4522
	hanical Contractor's Company Name	Telephone
20	110 Stockbridge Dr., Monroe NC 28110	I byrd @ Ceury I mechanicaus. Com
Add	ress	Email Address
	6647 ense #	
LICE	Plumbing Contractor Information	
Des	pription of Work New Construction	
-	Titans Diumbian	# Baths
Plu	bing Contractor's Company Name	919-615-1947
PI	BOX 1045, Dunn NC 28335	Telephone
Add	ress	businessetitansplumbing.com
3	4800	Email Address
	nse #	. Section
	Insulation Contractor Information	
	11 arum Insulation	919-661-0999
nsu	lation Contractor's Company Name & Address	Telephone
		Consistency Consistency Consistency

NOTE: General Contractor I owner must fill out and sign the second 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

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 W/Title: Tail In - Regional Construction MonganDate:		