

Burke



Application # _____

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

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 66 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date 5/1/23
Site Address: TBD, Angier, NC 27501 Phone 919-520-8406
Subdivision: Atherstone Lot 347
Description of Proposed Work: New Construction Total Job Cost \$150,000

General Contractor Information

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 HEATED SQFT 2025 GARAGE SQFT 415
License #

Electrical Contractor Information

Description of Work New Construction Service Size: _____ Amps T-Pole: Yes No
J Crabtree 919-667-1600
Electrical Contractor's Company Name Telephone
103 Fleming St., Creedmoor NC 27522 j.crabtreeinc@yahoo.com
Address Email Address
20925
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Caryl Mechanical 704-882-4522
Mechanical Contractor's Company Name Telephone
5910 Stockbridge Dr., Monroe NC 28110 lbyrd@carylmechanicals.com
Address Email Address
16647
License #

Plumbing Contractor Information

Description of Work New Construction # Baths _____
Titans Plumbing 919-616-1947
Plumbing Contractor's Company Name Telephone
PO Box 1045, Dunn NC 28335 business@titansplumbing.com
Address Email Address
34800
License #

Insulation Contractor Information

Tatum Insulation 919-661-0999
Insulation Contractor's Company Name & Address Telephone

NOTE: General Contractor / owner must fill out and sign the second page of this application.

Burke



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.

Karl Son
Signature of Owner/Contractor/Officer(s) of Corporation

5/1/23
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: Karl Son - Regional Construction Manager Date: _____