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Application # _____

* Must be owner/occupier or tleansad 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

Owner's Name: LGI Homes	Date <u>5/1/23</u>
Site Address: TBD, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot 26
Description of Proposed Work: New Construction	Total Job Cost \$ 125,000
LGI Homes General Contractor Information	<u> </u>
	919-520-8406
Building Contractor's Company Name 1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone
Address	oliver.hudson@lgihomes.com
74803	Email Address
License #	ETT_401
Description of Work New Gastandia Service Size:	Amps T-Pole:YesNo Q1Q - UQ - 1 (4)D
Electrical Contractor's Company Name	Telephone
103 Flyming St., Cheelmour NC 27522 Address 20925	J- CINDOTRELIN C QUONOD COM Email Address
License # Mechanical/HVAC Contractor Information	-tt
Description of Work New Contractor Informs	ation
Cary Mechanical	24 000 1600
Mechanical Contractor's Company Name	7)4-882-4522
5910 Stockbridge Dr. Monne NC 28110	Telephone
Address Address	I byrd @ Cery I mechanicas . Com
16647	Email Address
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	
Address	business etitan splumana . Com Email Address
3480D	000000000000000000000000000000000000000
License #	
Tatum Insulation Contractor Information	
Insulation Contractor's Company Name & Address	919-661-0999 Telephone
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*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. 5/1/23 Date

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

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: Land Legional Continutor ManagerDate:
Sign w/Title: King ional Construction Manage Date: