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* Must be awner/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.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes	Date 6/1/2023
Site Address: 296 Royal Meadow Drive, Angier, NC 2750	01 Phone 919-520-8406
Subdivision: Atherstone	1 Holle 020 0400
Description of Proposed Work: New Construction	Lot 327
	Total Job Cost <u>\$ 125,000</u>
LGI Homes General Contractor Information	
Building Contractor's Company Name	919-520-8406 Talanhara
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone oliver.hudson@lgihomes.com
Address	Email Address
74803 HEAVED SOIF 1316 GARAGE SO	
License #	
Description of Work New Construction Contractor Information Service Size:	1 Amer T Below
J Cimbotnel	^
Electrical Contractor's Company Name	410 - 667 - 1600 Telephone
103 Fleming St., Cheedmoor NC 27522	J. Characterinc Oyohoo.com
Address	Email Address
20925	
License #	
Mechanical/HVAC Contractor Inform	-ti
Mechanical/HVAC Contractor Inform	ation
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Description of Work Now Confronts of Cary McMonical Mechanical Contractor's Company Name 5910 Stockbridge Dr., Monroe NC 28110 Address WA7 License # Plumbing Contractor Informatio	714-882-4522 Telephone Ibym Couyl mechanicaus. Com Email Address
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Description of Work New Contractor Information Description of Work New Construction Plumbing Contractor's Company Name Plumbing Contractor Information Plumbing Contractor's Company Name	Tild-882-4522 Telephone Ibyma Coury Mechanicaus. Com Emali Address 1 # Baths G19-616-947 Telephone
Description of Work New Company Name SQID STOCK Dridge Dr., Monnoe, NC 28110 Address IGAT License # Plumbing Contractor Information Description of Work New Constractor Information Plumbing Contractor's Company Name PO BOX 1045, DUNN NC 28335	Tild-882-4522 Telephone Ibyma Coury Mechanicaus. Com Emali Address 1 # Baths G19-616-947 Telephone
Description of Work New Company Name SQID STOCKORING Dr., Monnol NC 28110 Address License # Plumbing Contractor Informatio Description of Work New Constractor Informatio Plumbing Contractor's Company Name PO BOX 1045, DUNN NC 28335 Address	Tolephone Ibyma Couyl mechanicas. Com Email Address 1 # Baths 919-146-1947
Description of Work New Company Name 5910 Stockbridge Dr., Monroe, NC 28110 Address Wat Plumbing Contractor Informatio Description of Work New Constraints of Titans Plumbing Plumbing Contractor's Company Name Po Box 1045, Dunn NC 28335 Address 34800	Tolephone Loyral Coury Mechanicas. Com Email Address 1 # Baths G19-616-947 Telephone businessetitan Splumbang. Com
Description of Work New Company Name 5910 Stockbridge Dr., Monroe, NC 28110 Address WA7 License # Plumbing Contractor Information Plumbing Contractor's Company Name Po Box 1045, Dunn NC 28335 Address 34800 License #	Tolephone Loyral Coury Mechanicas. Com Email Address 1 # Baths G19-16-1947 Telephone busings of itan Splumbing. Com Email Address
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*NOTE: General Contractor I owner must fill out end 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.

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: Zmill A - Regional Continuos Munga Date: