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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 65 Lillington, NC 27546  
910-893-7625 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: 266 Royal Meadow Drive, Angier, NC 27501 Phone 919-520-8406  
Subdivision: Atherstone Lot 325  
Description of Proposed Work: New Construction Total Job Cost \$125,000

**General Contractor Information**

LGI Homes Telephone 919-520-8406  
Building Contractor's Company Name  
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380  
Address oliver.hudson@lgihomes.com  
74803 Email Address  
License # HEATED SCIE 1316 SABABEQM 401

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

Tatum Insulation Telephone 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.**

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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.

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

6/1/2023  
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 Sam - Regional Construction Manager Date: \_\_\_\_\_