

"Must be awner/occupier or licensed contractor Address, company name & phone must match information on license. Application #______ Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 55 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: TBD, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot 334
Description of Proposed Work: New Construction	
General Contractor Information	Total Job Cost 3 140, 000
LGI Homes	919-520-8406
Building Contractor's Company Name	Telephone
450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Address	Email Address
74803	
License #	3/5
Description of Work New Contractor Information Service Size:	
Description of Work New Gastring Service Size:	Aitips 1-PoleYesNo
Electrical Contractor's Company Name	919-667-1600
103 Flavoro a St. Condonnic All 22 622	Telephone
103 Fluming St., Chedmoor NC 27522	J. Characterin C Oyohop. com
20425	Email Address
License #	
Mechanical/HVAC Contractor Information	ation
Description of Work Now Conformer	and the second s
Caryl Mechanical	701 500 - 1602
Mechanical Contractor's Company Name	7)4-882-4522 Telephone
5910 Stockbridge Dr., Monroe NC 28110	
Address	I by mol Ceary mechanicas. Com Email Address
16647	Ettiali Address
License #	
Plumbling Contractor Information	1
Description of Work New Constraction	# Baths
Titans Plumbing	919-618-1947
Plumbing Contractor's Company Name	Telephone
PO BOX 1045, DUNN NC 28335	businessetitansplumong. com
Address	Email Address
3480D	
License #	
Insulation Contractor Informatio	
orum Insulation	419-661-0999
Insulation Contractor's Company Name & Address	Telephone

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

strong roots · new growth



Davidson

Is as per current fee schedule.

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

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 EXPIRED PERMIT FEES - 6 Months to 2 years permit re-Issue fee is \$150.00. After 2 years re-Issue fee

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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. Regional Contraction Manager Date:

6/1/2023