

Burke



Application # \_\_\_\_\_

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

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27646  
PO Box 66 Lillington, NC 27646  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/pemills

**Application for Residential Building and Trades Permits**

Owner's Name: LGI Homes Date 6/1/2023  
Site Address: 279 Royal Meadow Drive, Angier, NC 27501 Phone 919-520-8406  
Subdivision: Atherstone Lot 333  
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 ~~NEATEDISM~~ 2025 ~~PARALESON~~ 415  
License #

**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 j.crabtreeinc@yahoo.com  
Address Email Address  
20925  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
Caryl Mechanical Telephone 704-882-4522  
Mechanical Contractor's Company Name  
5910 Stubbinsbridge Dr., Monroe NC 28110 lbyrd@carylmechanicals.com  
Address Email Address  
16647  
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 business@titansplumbing.com  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

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

**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.

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

6/11/2023  
 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: Keith Sam - Regional Construction Manager Date: \_\_\_\_\_