

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 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: 65 Royal Meadow Drive, Angier, NC 27501 Phone 919-520-8406
Subdivision: Atherstone Lot 343
Description of Proposed Work: New Construction Total Job Cost \$150,000

General Contractor Information

LGI Homes
Building Contractor's Company Name
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380
Address
74803 License #
Telephone 919-520-8406
Email Address oliver.hudson@lgihomes.com
HEATED SPLIT 2025 GARAGE SPLIT 415

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work New Construction
Caryl Mechanical
Mechanical Contractor's Company Name
5910 Stockbridge Dr., Monroe NC 28110
Address
16647 License #
Telephone 774-882-4522
Email Address byrd@carylmechanicals.com

Plumbing Contractor Information

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

Insulation Contractor Information

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

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.

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: _____