Davidson



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

Application for Residential Building and Trades Permit

| Owner's Name: LGI Homes | Date _4/3/24 |
|--|----------------------------------|
| Site Address: 372 Ivy Bank Drive, Angier, NC 27501 | Phone 919-520-8406 |
| Subdivision: Atherstone | |
| Departure of B Now Complement | Lot 114 |
| General Contractor Information | Total Job Cost <u>\$ 140,000</u> |
| 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 FRANCESO SARAGESO | |
| Electrical Contractor Information | |
| Service Size: | |
| Electrical Contractor's Company Name | 419-667-1600 Telephone |
| 103 Flyning st., Cheedmoor NC 27522 | |
| Address | j. Chartrein C Cychop. com |
| 20925 | Citiali Address |
| License # | |
| Mechanical/HVAC Contractor Informa | ation |
| Description of Work Now Conforming | |
| Caryl Mechanical | 711 600 -1602 |
| Mechanical Contractor's Company Name | 7)4-882-4522 Telephone |
| 5910 Stockbridge Dr., Monroe NC 28110 | |
| Address | Ibyrd @ Ceryl mechanicals. Com |
| 16647 | Email Address |
| License # | |
| Plumbing Contractor Information | |
| Description of Wards Africa Court & | |
| | # Baths_ |
| Titans Pumbing Plumbing Contractor's Company Name | 419-616-1947 |
| PO BOY 10/16 Auro NC 0022C | Telephone |
| PO BOX 1045, DUNN NC 28335 | businessetitansplumbing.com |
| Address 34800 | Email Address |
| License # | |
| | |
| Tatum Insulation Contractor Information | 010-641 0000 |
| Insulation Contractor's Company Name & Address | 919-661-0999 |
| Traine & 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.

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

covering themselves.

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 _ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance

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 Manage, Date:

Has no more than two (2) employees and no subcontractors.