

Malon



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date 5/13/24
Site Address: 118 Everglade Way, Angier, NC 27501 Phone 919-520-8406
Subdivision: Atherstone Lot 151
Description of Proposed Work: New Construction Total Job Cost \$125,000

General Contractor Information
LGI Homes
Building Contractor's Company Name 919-520-8406 Telephone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380 oliver.hudson@lgihomes.com Email Address
Address 74803 HEATED SOFT 1173 GARAGE SOFT 422
License # _____

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

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

Plumbing Contractor Information
Description of Work New Construction # Baths _____
Titans Plumbing 919-618-1947 Telephone
Plumbing Contractor's Company Name business@titansplumbing.com Email Address
Address PO Box 1045, Dunn NC 28335
34800
License # _____

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

***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

5/13/24
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: _____