

* Must be owner/occupier or flicensed contractor Address, company name & phone must match information on license. Application # ____ Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27548 910-893-7525 ext. 1 Fax 910-893-2793 www.hamelt.org/permits

Application for Residential Building and Trades Permit

| Owner's Name: LGI Homes | Date <u>5/13/24</u> |
|---|--|
| Site Address: 190 New Villas Street, Angier, NC 27501 | Phone 919-520-8406 |
| Subdivision: Atherstone | Lot 162 |
| Description of Proposed Work: New Construction | |
| | Total Job Cost <u>3 140, 000</u> |
| 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 HEATED SOLET 1800 GARAGE SO | |
| license # | |
| Description of Work New Constructor Information Service Size: | 1 |
| J Craptine | Amps T-Pole: Yes No |
| Electrical Contractor's Company Name | <u>419-407-1600</u> Telephone |
| 103 Fluming St., Cherdmoor NC 27522 | 1. Chalotreun C Cychoo, com Email Address |
| Address | Email Address |
| 20925 | 7,000 |
| License # | |
| Mechanical/HVAC Contractor Informa | ation |
| Description of Work Nan Governmen | 20. 20. |
| Mechanical Contractor's Company Name | 704-882-4522 |
| 5910 Stoubridge Dr., Monne NC 28110 | Lelephone |
| Address | I byrd @ Cery mechanicas com |
| 16647 | Email Address |
| License # | |
| Plumbing Contractor Information | <u>1</u> |
| Description of Work New Construction | # Baths |
| Titans Plumbing | 919-1015-1047 |
| Plumbing Contractor's Company Name | Telephone |
| PO BOX 1045, Dunn NC 28335 | businessetitansplumbing. com |
| Address 34800 | Email Address |
| License # | |
| Insulation Contractor Information | |
| Tatum Insulation | 919-661-0999 |
| Insulation Contractor's Company Name & Address | Telephone |

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



Davidson

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! 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

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

| 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 wille: Zail In - Regional Continutor Money ex Date: | |