

\* Must be owner/occupier or illicensed 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 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: LGI Homes	Date 6/6/24
Site Address: 145 Everglade Way, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot 157
Description of Proposed Work: New Construction	Total Job Cost 3 140,000
General Contractor Information	Total tob dost 3 10,000
LGI Homes	919-520-8406
Building Contractor's Company Name	Telephone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380 Address	oliver.hudson@lgihomes.com
7.4000	Email Address
74803 EIRANE 1800 CARACTES	375
Bearing Contractor Information	
Description of Work Tyeld Charles Service Size:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	919-667-1600
M2 Flame a sh Condenses AV 02 52	Telephone
103 Fluming St., Cheedmoor NC 27522	J. Characterin C Oyohoo.com
20925	Email Address
License #	
Mechanical/HVAC Contractor Informa	ation
Description of Work Nay Construction	2
Caryl Mechanical	704-882-4622
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Dr., Monroe NC 28110	I byrd @ Cery I mechanicas . Com Email Address
Address	Email Address
16647 License #	
Plumbing Contractor Information	
Description of Work Africa Court de l	A CONTRACT OF THE
Titans Pumbing	# Baths
Plumbing Contractor's Company Name	919-615-1947
PO BOX 1045, DUNN NC 28335	Telephone
Address	business etitansplumone .com
3480D	Email Address
License #	
Insulation Contractor Information	0.0 ( )
1 atum Insulation	419-661-0999
Insulation Contractor's Company Name & Address	Telephone

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

## Davidson

is as per current fee schedule.

carrying out the work.



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

ature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner General Contractor 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

Regional Construction Manager Date: