

 Must be owner/occupier or licensed 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 27545
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 | 0/7/2024 |
|--------------------------------------------------------|---------------------------------------------|
| Site Address: TBD, Angier, NC 27501 | Date 8/7/2024 Phone 919-520-8406 |
| Subdivision: Atherstone | Lot 140 |
| Description of Proposed Work: New Construction | Total Job Cost <u>4 140,000</u> |
| General Contractor Information | 10tal 30b Cost 3 . 10, 200 |
| 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 FIEATED SQUET 1800 GARAGE 50 | 375 |
| Description of Work New Castradio Service Size: | Amne T Belev V V |
| Electrical Contractor's Company Name | Amps T-Pole: Yes No 10-607-1600 Telephone |
| 103 Fleming St., Cheedmoor NC 27522 | J. Crowotrein C Cyohod, com |
| Address 20925 | Email Address |
| License # | |
| Mechanical/HVAC Contractor Informa | ation |
| Description of Work New Contraction | |
| Cary Mechanical | 7114-882-4522 |
| Mechanical Contractor's Company Name | Telephone |
| 5910 Stockbridge Dr., Monroe NC 28110 | 1 byrd @ Ceryl mechanicaus. Com |
| 16647 | Email Address |
| License # | |
| Plumbing Contractor Information | |
| Description of Work New Construction | # Baths |
| Titans Plumbing | 919-1019-1012 |
| Plumbing Contractor's Company Name | Telephone |
| PO BOX 1045, DUNN NC 28335 | businessetitansplumbing.com |
| Address 34800 | Email Address |
| License # | |
| Insulation Contractor Information | |
| TUTUM INSULATION | 919-661-0999 |
| Insulation Contractor's Company Name & Address | Telephone |
| | |

*MOTE: 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 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. 8/7/2024 Date

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 W/Title: Late In - Regional Continution Many enDate: | |