



Application # ____

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

	AGO T CITING
Owner's Name:LGI Homes	Date 8/7/2024
Site Address: 126 Warwick Drive, Angier, NC 27501	Phone 919-520-8406
Subdivision: Atherstone	Lot _10
Description of Proposed Work: New Construction	Total Job Cost \$125,000
LGI Homes General Contractor Information	919-520-8406
Building Contractor's Company Name 1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone oliver.hudson@lgihomes.com
Address 74803 HEATED SQUET 1173 GARACE SQ	Email Address
Description of Work New Gastradio Service Size:	Amps T-Pole:YesNo 919-407-1600 Telephone J-COUOTRUIN C GYONOD: COM Email Address
Mechanical/HVAC Contractor Information	ation
Description of Work Now Confirming COTY McMounical Mechanical Contractor's Company Name 5910 Stouchtidge Dr., Monroe NC 28110 Address 16647 License #	714-882-4522 Telephone Ibyral Coury I mechanicaus. Com Email Address
Plumbing Contractor Information	1
Description of Work New Constractions Titans Plumbing Plumbing Contractor's Company Name PO BOX 1045, DUNN NC 28335 Address 34800 License #	#Baths
Insulation Contractor Information	
Jatum Insulation	419-661-0999
nsulation Contractor's Company Name & Address	Telephone

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





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

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: Tail In - Regional Construction Mangare Date: