

Application #

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO 80x 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

ion on license.	
Owner's Name: LGI HOMES	Date:
Site Address:	Phone: 919-530-8400
Subdivision: BOONE TYCH VILLOGE	Lot:
Description of Proposed Work: MUCONSTRUCTION	Total Job Cost: 1035000
General Contractor Information	
Lai Homes	919-530-8400
Building Contractor's Company Name	Telephone
1450 lake Robbins Dr. Ste. 430. The Load lands, TX 77380 Address	D_Olvor.hvd\ch@lgihmcs.cm Email Address
74803 HEATED SQ FT 1988 GARAGE SO	2 FT <u>464</u>
Description of Work Miles Constant State Contractor Information	n America T Delega Maria Na
Description of Work New Construction Service Size:	ON CCITICO
Electrical Contractor's Company Name	94-667-600 Telephone
103 Frmingst creedmon, nc 2522	J. Oabtreemayaha Com
20925	
License #	
Mechanical/HVAC Contractor Information	
Description of Work NCW CONSTRUCTION	701.0001.00
Mechanical Contractor's Company Name	704-8804500 Telephone
5910 Stockbridge pr., monor, nr akulo	Ibyrd@carulmcchannols.com
Volcyt	Email Address
License #	
Plumbing Contractor Information	
Description of Work (1941) description	# Baths
Romana & Plumbing Plumbing Contractor's Company Name	Telephone
2428 reliance Ave, Apex nc 67539	relephone
Address	Email Address
License #	
License # Insulation Contractor Information	
Pome Enarch Gra D	919531 2288
Insulation 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! 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

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: Construction Morage State: 1-17-25
Sign W/Title: State Construction Marage Bate: 1-17-25