



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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.

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date: _____
Site Address: _____ Phone: 919-520-8400
Subdivision: Boone Trail Village Lot: _____
Description of Proposed Work: new construction Total Job Cost: \$125,000

General Contractor Information

LGI Homes Building Contractor's Company Name Telephone 919-520-8400
1450 Lake Robbins Dr, Ste 430, The Woodlands, TX 77380 Address Email Address oliver.hudson@lgihomes.com
74803 License # HEATED SQ FT 2007 GARAGE SQ FT 500

Electrical Contractor Information

Description of Work new construction Service Size: _____ Amps T-Pole: Yes No
J Crabtree Electrical Contractor's Company Name Telephone 919-667-1600
103 Fleming St, Creedmoor, NC 27522 Address Email Address j.crabtreeinc@yahoo.com
20925 License #

Mechanical/HVAC Contractor Information

Description of Work new construction
Cary Mechanical Mechanical Contractor's Company Name Telephone 704-882-4520
5910 Stockbridge Dr, Monroe, NC 28110 Address Email Address byrd@carymechanicals.com
16647 License #

Plumbing Contractor Information

Description of Work new description # Baths _____
Barrinaff Plumbing Plumbing Contractor's Company Name Telephone 919-615-1947
2428 Reliance Ave, Apex, NC 27539 Address Email Address _____
29022 License #

Insulation Contractor Information

Prime Energy Corp Insulation Contractor's Company Name & Address Telephone 919-821-3288

*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

1-17-25

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:

Date:

1-17-25