



Initial Application Date:	Application #	
	COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION	
Central Permitting 420 McKinney	y Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits	
A RECORDED SURVEY MAP, RECO	ORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION	
LANDOWNER: LGI Homes	Mailing Address: 1450 Lake Robbins Drive Ste 430	
City: The Woodlands	State:_TXZip:_77380_Contact No:_919-520-8406Email:_oliver.hudson@lgihomes.co	om
APPLICANT*: LGI HOMES	Mailing Address:	
City: *Please fill out applicant information if different to	_ State: Zip: Contact No: Email: Email:	
A discount I I	n Dave Anglounc 250 pin:	
Zoning:Flood:	_ Watershed: Deed Book / Page:	
Setbacks - Front: Back:	Side: Corner:	
PROPOSED USE:	Monolithic	
	Monolithic Slab:	ms)
	rooms# Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no	_
☐ Manufactured Home:SWD	OWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)	
□ Duplex: (Sizex) No. Bui	ildings:No. Bedrooms Per Unit:TOTAL HTD SQ FT	
☐ Home Occupation: # Rooms:	Use:#Employees:	
□ Addition/Accessory/Other: (Size	x) Use: Closets in addition? () yes () no	
TOTAL HTD SQ FT	GARAGE	
Sewage Supply: New Septic Tank(Complete Environmental	Health Checklist on other side of application if Septic)	
	that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no	
	s whether underground or overhead () yes () no	
	family dwellings: Other (specify): Other (specify):	
I hereby state that foregoing statements a	to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submit are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. Diver Hudson	ted.
Signatu	re of Owner or Owner's Agent Date	
It is the owner/applicants responsib to: boundary information, house lo inc	bility to provide the county with any applicable information about the subject property, including but not limi ocation, underground or overhead easements, etc. The county or its employees are not responsible for any correct or missing information that is contained within these applications. oplication expires 6 months from the initial date if permits have not been issued**	ted

APPLICATION CONTINUES ON BACK

strong roots • new growth



Must be owner/occupier or liceased contractor. Address, company name & phone must match Information on licease. Application # ____

Harnett County Central Permitting
420 McKlnney 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

1011	
Owner's Name: LGI Homes	Date 0/14/25
Site Address: 437 Chedworth Dave Amuer mo	Phone 919-520-8406
Subdivision: Atherstone	Lot 32
Description of Proposed Work: New Construction	Total Job Cost \$125,000
Géneral Contractor Information	10ta 600 00st <u>4 125/000</u>
LGI Homes	040 500 0400
Building Contractor's Company Name	919-520-8406 Telephone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Address	Email Address
74803 HEATED SOLET 1316 CARACLESO	
License #	- (g-ta-
Description of Work New Construction Service Size:	1
001 1100 OIZO:	Amps T-Pole:YesNo
Electrical Contractor's Company Name	919-667-1600
103 Flyming St. Condecans M/ 22 532	Telephone
103 Fluming St., Chudmour NC 27522	J-Crobotreein C Oyohoo.com
20925	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Construction	
Caryl Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Dr., Monroe NC 28110	Ibyrol@conylmechanicas.com
Address	Email Address
16647	Lindii Addiess
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work New Construction	# Baths
Titans Plumbing	919-1018-1042
Plumbing Contractor's Company Name	Telephone
10 Box 1045, Dunn NC 28335	business etitan splumbing com
Address	Email Address
3480D)
License #	
Insulation Contractor Informatio	
Office Tacillation	$\frac{n}{2}$
1 urum Lasulotism	419-661-0999
Insulation Contractor's Company Name & Address	19 919 - 661 - 0999 Telephone

MOTE: General Contractor I 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: Land In - Regional Construction Manager Date: 2/14/25			