

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 8ox 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on action.		
Owner's Name: LGT HOMES	Date:	
Site Address: 88 Teepee Drive, Lillington, NC 27546	Phone: 919-530-8400	
Subdivision: BOONE TYOU VIVOGE	Lot: <u>42</u>	
	Total Job Cost: 1035000	
General Contractor Information		
Lai Homes	919-530-840ca	
Building Contractor's Company Name	Telephone	
1950 lake Robbins Dr. Ste 430 The Luardian of TX 77380 Address	D_Olyochyden@lgihames@m Email Address	
74803 HEATED SQ FT 1988 GARAGE SC	1 FT_454	
License # Electrical Contractor Information		
Description of Work May Construction Service Size:	Amps T-Pole:YesNo	
TODAKC,	94-667-600	
Electrical Contractor's Company Name	Telephone	
103 Flemingst creedmon, nc 27522	J. Oablyconcayaha (Cm Email Address	
<u> </u>		
License #		
Mechanical/HVAC Contractor Information		
Description of Work NEW CONSTRUCTION		
Mechanical Contractor's Company Name	704-8604500 Telephone	
5910 Stockbridge Dr. Marioc, no akulo		
Address Address	Ibyrdaarylmcconnals.com	
1(0(0(4)+ License #		
Plumbing Contractor Information		
Description of Work (MCC) (CSC) Otion	# Baths	
Roman of Plumbing Plumbing Contractor's Company Name	919-615-1947	
	Telephone	
2428 reliance Ave, Apex nc 07539	dispersional and the second se	
Address 29000	Email Address	
License #		
Insulation Contractor Information		
POMP EMPORIAGIA D	99831.3388	
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 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.

Olivan Hudray.

Oliver Hudson	3/5/25	
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 V O	fficer/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: Oliver Hudson	Date: 3/5/25	