



Harnett County Central Permitting

PO Box 88 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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.

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date: 3/5/25
Site Address: 20 Camp Rock Rd, Lillington, NC 27546 Phone: 919-520-8400
Subdivision: Boone Trail Village Lot: 59
Description of Proposed Work: new construction Total Job Cost: \$125,000

General Contractor Information

LGI Homes 919-520-8400
Building Contractor's Company Name Telephone
1450 Lake Robbins Dr, Ste 430, The Woodlands, TX 77380 oliver.hudson@lgihomes.com
Address Email Address
74803 HEATED SQ FT 2070 GARAGE SQ FT 582
License #

Electrical Contractor Information

Description of Work new construction Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
J. Crabtree 919-667-1600
Electrical Contractor's Company Name Telephone
103 Fleming St, Creedmoor, NC 27522 j.crabtree-inc@yahoo.com
Address Email Address
80925
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work new description # Baths: _____
Romana FF Plumbing 919-615-1947
Plumbing Contractor's Company Name Telephone
2428 Pelham Ave, Apex, NC 27539
Address Email Address
29082
License #

Insulation Contractor Information

Pome Energy Care 919-821-3288
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.

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 ☒ 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: *Oliver Hudson* Construction Manager Date: 3/5/25