marie

Harnett COUNTY NORTH CAROLINA

Initial Application Date: 4/11/25 Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: LGI Homes Mailing Address: 1450 Lake Robbins Dr #430

City: The Woodlands State: TX Zip: 77380 Contact No: 919-520-8400 Email: gmichaux@lgihomes.com piper.hines@lgihomes.com

APPLICANT*: LGI Homes Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 64 Tee Pee Drive Lillington, NC 27546 PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks -- Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

X SFD: (Size 69.67 x 44) # Bedrooms: 4 # Baths: 2 Basement(w/wo bath): ___ Garage: ✓ Deck: ___ Crawl Space: ___ Slab: ✓ Monolithic Slab: ___

TOTAL HTD SQ FT: 1988 GARAGE SQ FT: 454 (Is the bonus room finished? (___) yes (___) no w/ a closet? (___) yes (___) no (If yes add in with # bedrooms)

☐ Modular: (Size ____ x ____) # Bedrooms ____ # Baths ____ Basement (w/wo bath) ____ Garage: ____ Site Built Deck: ____ On Frame ____ Off Frame ____

TOTAL HTD SQ FT _____ (Is the second floor finished? (___) yes (___) no Any other site built additions? (___) yes (___) no

☐ Manufactured Home: ___SW ___DW ___TW (Size ____ x ____) # Bedrooms: ____ Garage: ____ (site built? ___) Deck: ____ (site built? ___)

☐ Duplex: (Size ____ x ____) No. Buildings: _____ No. Bedrooms Per Unit: _____ TOTAL HTD SQ FT _____

☐ Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

☐ Addition/Accessory/Other: (Size ____ x ____) Use: _____ Closets in addition? (___) yes (___) no

TOTAL HTD SQ FT _____ GARAGE _____

Water Supply: ✓ County ____ Existing Well ____ New Well *(# of dwellings using well* ____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: ✓ New Septic Tank ____ Expansion ____ Relocation ____ Existing Septic Tank ____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (___) yes (___) no

Does the property contain any easements whether underground or overhead (✓) yes (___) no

Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes: _____ Other (specify): _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Oliver Hudson 4/11/25

Signature of Owner or Owner's Agent Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots • new growth

Harnett COUNTY
NORTH CAROLINA

"This application expires 6 months from the initial date if permits have not been issued"

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

☑ *Environmental Health New Septic System*

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 60 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property.*
- *All lots to be addressed within 10 business days after confirmation. $25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.*

☐ *Environmental Health Existing Tank Inspections*

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

(__) Accepted (__) Innovative (__) Conventional (__) Any

(__) Alternative (__) Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:

(__) YES	(☑) NO	Does the site contain any Jurisdictional Wetlands?
(__) YES	(☑) NO	Do you plan to have an irrigation system now or in the future?
(☑) YES	(__) NO	Does or will the building contain any drains? Please explain: foundation drain
(__) YES	(☑) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
(__) YES	(☑) NO	Is any wastewater going to be generated on the site other than domestic sewage?
(__) YES	(☑) NO	Is the site subject to approval by any other Public Agency?
(☑) YES	(__) NO	Are there any Easements or Right of Ways on this property?
(__) YES	(☑) NO	Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Harnett COUNTY NORTH CAROLINA

Application # _____

Harnett County Central Permitting
PO Box 66 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: 919-530-8400

Subdivision: Boone Trail Village Lot: _____

Description of Proposed Work: New Construction Total Job Cost: $185,000

General Contractor Information

LGI Homes — 919-530-8400
Building Contractor's Company Name — Telephone

1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380 — oliver.hodson@lgihomes.com
Address — Email Address

34803
License #

HEATED SQ FT 1988 GARAGE SQ FT 454

Electrical Contractor Information

Description of Work New Construction Service Size: _____ Amps T-Pole: ___Yes ___No

J Cabrera — 919-667-1600
Electrical Contractor's Company Name — Telephone

108 Fleming St, Garner, NC 27529 — j.cabreraenc@yahoo.com
Address — Email Address

80935
License #

Mechanical/HVAC Contractor Information

Description of Work new construction

Caryl Mechanical — 704-882-4520
Mechanical Contractor's Company Name — Telephone

5910 Stockbridge Dr, Monroe, NC 28110 — lloyd@carylmechanicals.com
Address — Email Address

16647
License #

Plumbing Contractor Information

Description of Work new description # Baths 2

Roman Aff Plumbing — 919-615-1947
Plumbing Contractor's Company Name — Telephone

2438 Reliance Ave, Apex, NC 27539
Address — Email Address

29080
License #

Insulation Contractor Information

Dome Energy Corp — 919-891-3288
Insulation Contractor's Company Name & Address — Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Harnett COUNTY NORTH CAROLINA

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
Signature of Owner/Contractor/Officer(s) of Corporation

4/11/25
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: Oliver Hudson Construction Manager Date: 4/11/25