Blanco



Initial Application Date: 4/2/2025

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COUNTY	CU# OF HARNETT RESIDENTIAL LAND USE APPLICATION		
Central Permitting 420 McKinney Pkwy, Lilling	ton, 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 Drive Ste 430			
City: The Woodlands State: TX	Zip: 77380 Contact No: 919-520-8406 Email: oliver.hudson@lgiho	mes.com	
1.0111			
	Mailing Address:		
	Zip: Contact No: Email:		
ADDRESS: 46 Foxton PI, Angier, NC	27501		
Zoning: Flood: Watershed			
Setbacks - Front: Back: Side:	Corner:		
PROPOSED USE:			
✓ SFD: (Size 36.0 x 51.0) # Bedrooms: 3 # Batt	Mor hs: 2_ Basement(w/wo bath): Garage:_✓ Deck: Crawl Space: Slab: Slab	nolithic	
TOTAL ETD SO FT 1316 GARAGE SO FT 401 (IS	s the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with	n # bedrooms)	
D. Madulan (Cina	2.4		
Windular: (Sizex) # Bedrooms #	Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame O second floor finished? () yes () no	ff Frame	
BIOCHAMILEVELMICAEN-SUN-MORELY	- Any other site built additions? (
☐ Manufactured Home:SWDWTW (S	Sizex)# Bedrooms: Garage:(site built?) Deck:(site built?)	
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms: Us	ee:		
☐ Addition/Accessory/Other: (Sizex) U	Jse: Closets in addition? () yes	s () no	
	New Well (# of dwellings using well) *Must have operable water before fit (Need to Complete New Well Application at the same time as New Tank)	nal	
Sewage Supply: New Septic Tank Expans	sionRelocationExisting Septic Tank/_ County Sewer		
Does owner of this tract of land, own land that contain	is a manufactured home within five hundred feet (500') of tract listed above? () yes (_/)	no	
Does the property contain any easements whether un			
Structures (existing or proposed): Single family dwelling	ngs: Proposed Manufactured Homes: Other (specify):		
If permits are granted I agree to conform to all ordinar I hereby state that foregoing statements are accurate	nces and laws of the State of North Carolina regulating such work and the specifications of p and-correct to the best of my knowledge. Permit subject to revocation if false information is	lans submitted. provided.	
	4/2/2025		
Signature of Owner "It is the owner/applicants responsibility to prove	yide the county with any applicable information about the subject property, including	out not limited	
incorrect or m	derground or overhead easements, etc. The county or its employees are not responsitely instructions ***	ole for any	
*This application ex	xpires 6 months from the initial date if permits have not been issued**		

APPLICATION CONTINUES ON BACK

strong roots · new growth



Application # _____

* Must be exmer/occupier or theesed contractor. Address, company name & phone must match information on license. 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

	•		
Owner's Name: LGI Homes	Date 4/2/2025		
Site Address: 46 Foxton PI, Angier, NC 27501	Phone 919-520-8406		
Subdivision: Atherstone	Lot 202		
Description of Proposed Work: New Construction	Total Job Cost \$ 125,000		
LGI Homes General Contractor Information	,		
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 ASATED SOLE 1316 GARAGE 30	Fit 401		
License #			
Description of Work New Construction Service Size:	1 Amno T Deles No.		
J Companyel	Amps T-Pole:YesNo		
Electrical Contractor's Company Name	Telephone		
103 Flyning St., Chadmoor NC 27522	1- Crobotreein C Oyohop. com		
Address 20925	Email Address		
License #			
Mechanical/HVAC Contractor Information			
Description of Work New Construction	anon-		
Cary Mechanical	704-882-4622		
Mechanical Contractor's Company Name	Telephone		
5910 Stockbridge Dr. Monroe NC 28110	1 byrd @ ceary mechanicas. Com		
Address	Email Address		
16647			
License # Plumbing Contractor Informatio	_		
Description of Work New Construction			
Titans Plumbian	# Baths		
Plumbing Contractor's Company Name	<u>419-W6-1947</u> Telephone		
PO BOX 1045, DUNN NC 28335	MICINACE STITUTE COLUMNOS (ANO		
Address	business etitan splumong. Com		
3480D	2.11.41.71.44.1535		
License #			
Tatum Insulation Contractor Information 919-10101-0999			
Insulation Contractor's Company Name & Address	419-661-0999		
modern Contractor & Company Maine & Address	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! 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

4/2/2025

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 A - Regional Construction ManyenDate: 4/2/2025			