



Initial Application Date: 5/2/25 Application # \_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLIC Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1	ATION Fax: (910) 893-2793	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED		
LANDOWNER: LGI Homes Mailing Address: 1450 Lak		
City: The Woodlands State: TX Zip: 77380 Contact No: 919-520-8406		
APPLICANT*: Mailing Address:		
City: State: Zip: Contact No: *Please fill out applicant information if different than landowner	Email:	
ADDRESS: 517 Chedworth Drive, Angier, NC 27501 PIN:		
Zoning: Flood: Watershed: Deed Book / Page:		
Setbacks - Front: Back: Side: Corner:		
PROPOSED USE:		
SFD: (Size 30_x 43) # Bedrooms:4_ # Baths 05 Basement(w/wo bath); Garage: \( \sqrt{December December 1.00} \)	Monolithic eck: Crawl Space: Slab: Slab:_/	
TOTAL HTD SQ FT 2002 GARAGE SQ FT 375 (Is the bonus room finished? () yes () no w/ a c	loset? () yes () no (if yes add in with # bedrooms)	
☐ Modular: (Sizex) # 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	r site built additions? () yes () no	
☐ Manufactured Home:SWDWTW (Sizex)# Bedrooms: Garage:	(cite built? \ Deels \ (cite built?	
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT	
☐ Home Occupation: # Rooms: Use: Ilours of Operation:	#Employees:	
Addition/Accessory/Other: (Sizex) Use:	Closets in addition 0.4	
TOTAL HTD SQ FT GARAGE	Closets in addition? () yes () no	
Water Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Application at the		
Complete Environmental Health Checklist on other cide of application if Santial	_ County Sewer	
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (50	0') 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	5/2/25	
Signature of Owner or Owner's Agent	Date	

t 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



\*Mest be owner/occupier or fleensed contractor. Address, company name & phone must match Mormation on Roense. Application # \_\_\_\_\_

Harnett County Central Permitting
420 McKinney 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	<sub>Dat</sub> , 5/2/25
Site Address, 517 Chedworth Drive, Angier, NC 27	501 Phone 919-520-8406
Subdivision: Atherstone	
Description of Proposed Work: New Construction	Lot _Lot 307
LGI Homes General Contractor Information	
Building Contractor's Company Name	919-520-8406 Telophone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Address	Email Address
74803 FEW 2002 2002 2002	
LIGHTSE #	
Description of Work New Gastractor Information Service Size:  CHANNEL  Electrical Contractor's Company Name  103 Fluming St., Channel No 27522  Address 20925  License #	Amps T-Pole:YesNo  OIG-1607-1600  Telephone  J-CICOOTSCINC CYONOD COM Email Address
Mechanical/HVAC Contractor Inform	astion
Description of Work Now Generalized Contractor Montre Mechanical Contractor's Company Name  5910 Stockbridge DC, Montre NC 28110  Address LUGA7-  License #	704-882-4522 Telephone 1 byrol @ Cluy I mechanicals . CMM Emall Address
Plumbing Contractor Information	
Plumbing Contractor's Company Name Po Box 1045, Dunn NC 28335  Address 34800  License #  Insulation Contractor Information	# Baths 4 919-146-1947 Telephone Ousiness Stitan Splumling Com Email Address
Insulation Contractor's Company Name & Address	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? 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.

any and all changes.

EXFIRED 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.

5/2/25

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:		