



Initial Application Date: 5/2/25 Application #\_ CU#\_\_\_ COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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 Drive Ste 430 State: TX Zip: 77380 Contact No: 919-520-8406 Email: oliver.hudson@lgihomes.com City: The Woodlands APPLICANT\*: LGI Homes \_\_ Mailing Address: City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_ \*Please fill out applicant information if different than landowner ADDRESS: 467 Chedworth Drive, Angier, NC 27501 PIN: \_\_ Flood:\_\_\_\_\_ Watershed:\_\_\_\_ Deed Book / Page: \_\_\_\_ Setbacks - Front:\_\_\_\_\_ Back:\_\_\_\_\_ Side:\_\_\_\_ Corner:\_\_\_\_ PROPOSED USE: SFD: (Size 37.6x 45) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SQ FT 172 GARAGE SQ FT 400 (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\_\_\_ (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:\_\_\_\_\_ Addition/Accessory/Other: (Size \_\_\_\_x\_\_\_) Use:\_\_\_\_ \_\_\_\_\_Closets in addition? (\_\_) yes (\_\_) no GARAGE County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final \_\_\_\_ New Septic Tank \_\_\_\_ Expansion \_\_\_ Existing Septic Tank \_\_\_\_ County Sewer \_\_\_\_\_ County Sewer 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 ( $\checkmark$ ) yes (\_\_) no Structures (existing or proposed): Single family dwellings: \_\_\_\_\_\_ Manufactured Homes: 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

"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.\*\*\*

APPLICATION CONTINUES ON BACK

strong roots · new growth

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



\*Most be dimerloccupier or Beansad contractor. Address, company name & phone must match Information on Recose. 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

|   | NOOT OF THE                          |
|---|--------------------------------------|
| Owner's Name: LGI Homes   | - 2/1/175                            |
| Site Address, 467 Chedworth Drive, Angier, NC 27                      | 501 Date 3/14/5<br>919-520-8406      |
| Subdivision: Atherstone   | Lot310                               |
| Description of Proposed Work: New Construction                        | Total Job Cost \$ 125,000            |
| LGI Homes General Contractor Information                              | <u> </u>                             |
| Building Contractor's Company Name                                    | 919-520-8406                         |
| 1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380                | Telephone oliver.hudson@lgihomes.com |
| Address   | Email Address                        |
| 74803   | 400                                  |
| Electrical Contractor Information                                     |                                      |
| Description of Work New Service Size:                                 | Amps T-Pole: Yes No                  |
| Electrical Contractor's Company Name                                  | 110-667-1600<br>Telephone            |
| 103 Fleming St., Chardmoor NC 27522                                   | j-crovotrecinc eyonob com            |
| Address<br>20925  | Email Address                        |
| License #   |                                      |
| Mechanical/HVAC Contractor Inform                                     | ation                                |
| Description of Work New Construction                                  |                                      |
| Mechanical Contractor's Company Name                                  | 704-882-4522                         |
| 5910 Stockbridge Dr., Monne NC 28110                                  | Telephone                            |
| Addiess   | 1 byrd @ Cery 1 mechanicas . Com     |
| 16647   | Email Address                        |
| License #   |                                      |
| Plumbing Contractor Information Description of Work New Canatagut and |                                      |
| Titous Plumbian   | _# Baths                             |
| Plumbing Contractor's Company Name                                    | 719-019-194+<br>Telephone            |
| PO BOX 1045, DUNN NC 28335  | businessetitansplumbing com          |
| Address 34800   | Email Address                        |
| License #   |                                      |
| Total use Track to last Insulation Contractor Information             |                                      |
| I WILLIAM THERITORION   | 919-661-0999                         |
| Insulation Contractor's Company Name & Address                        | Telephone                            |

"NOTE: 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

5/2/25

| 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:   |  |