



Application #

Initial Application Date: 5/2/25

	CU#		
Central Permitting	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 S	DRVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION		
LANDOWNER: LGI HO	omes Mailing Address: 1450 Lake Robbins Drive Ste 430		
city: The Woodlan	ds _{State:} _TX _ _{Zip:} _77380 _{Contact No:} _919-520-8406 _{Email:} _oliver.hudson@lgihomes.com		
APPLICANT: HOWS Mailing Address:			
City:	State: Zip: Contact No: Email:		
	dworth Drive, Angier, NC 27501		
	d: Deed Book / Page:		
	Back:Side:Corner:		
PROPOSED USE:			
SFD: (Size39.10x	Monolithic Slab: Monolithic Slab: S		
	CARAGE SQ FT 418 (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	:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)		
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT			
☐ Home Occupation: #	Rooms:#Employees:		
□ Addition/Accessory/	Other: (Sizex) Use:Closets in addition? () yes () no		
TOTAL HTD SQ FT_			
Sewage Supply: N	New Well (# of dwellings using well) *Must have operable water before final (Need to Complet New Well Application at the same time as New Tank) ew Septic Tank Expansion Relocation Existing Septic Tank County Sewer e Environmental Health Checklist on other side of application if Septic) fland, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no		
Does the property contai	any easements whether underground or overhead (\sqrt{, yes} (, no		
Structures (existing or pr	posed): Single family dwellings: DDDCC 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 Signature of Owner or Owner's Agent Date 5/2/25			
It is the owner/appli to: boundary infor	cants responsibility to provide the county with any applicable information about the subject property, including but not limited nation, 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



Application for Residential Building and Trades Permit

*Must be camenoccupier or fleansed contractor. Address, company name & phone must analith Information on license.

Owner's Name:LGI Homes	Date 5/2/25
Site Address: 485 Chedworth Drive, Angier, NC 2750	Date 5/2/25 919-520-8406
Subdivision: Atherstone	Lot 309
Description of Proposed Work: New Construction	Total Job Cost \$ 125,000
LGI Homes General Contractor Information	,
Building Contractor's Company Name	919-520-8406 Talanhara
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone oliver.hudson@lgihomes.com
Address	Email Address
74803	
Tiodileo II	
Description of Work New Construction Information Service Size: Description of Work New Service Size: Electrical Contractor's Company Name 103 Flaming St., Charlemany NL 27528 Address 20685 License #	Amps T-Pole:YesNo OIQ-LOT-IGOD Telephone J-CIOUOTRELIN C GYONOD: COM Email Address
Mechanical/HVAC Contractor Inform	att.
Description of Work New Construction of Work	ation
Caryl Mechanical	71. 600
Mechanical Contractor's Company Name	704-882-4522
5910 Stockbridge Dr., Monroe NC 28110	Telephone 1 by ml Celuy I mechanical S. CFM Email Address
16647	
License #	
Plumbing Contractor Information Description of Work New Construction	<u>n</u>
71.60.00 111	_# Baths_2
Plumbing Contractor's Company Name	419-616-1947
PO Box 1045, Dunn NC 28335	Telephone
Address 34800	business etitan splumbing . Com
License #	==
Insulation Contractor Information 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.

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

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: Regional Constitution Mungariote:_ 5/2/25			