Chuga



Initial Application Date:	Application #	
COUNTY	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	
	OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**	
	Mailing Address: 1450 Lake Robbins Drive Ste 430	
City: The Woodlands State: TX	Zip: 77380 Contact No: 919-520-8406 Email: oliver.hudson@lgihomes.com	
	Mailing Address:	
City: State: *Please fill out applicant information if different than landowner	_ Zip: Contact No: Email:	
	PIN:	
Zoning: Flood: Watershed		
Setbacks - Front: Back: Side:		
PROPOSED USE:	/	
SFD: (Size 30 x 43) # Bedrooms.4 # Bath	s 55 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab	
TOTAL HTD SQ FT 2002 GARAGE SQ FT 375 (Is	the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	
☐ Modular: (Sizex) # Bedrooms # 8	Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame econd floor finished? () yes () no Any other site built additions? () yes () no	
☐ Manufactured Home:SWDWTW (S	zex)# Bedrooms: Garage:(site built?) Deck:(site built?)	
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use	: Hours of Operation:#Employees:	
☐ Addition/Accessory/Other: (Sizex) Us	e:Closets in addition? () yes () no	
TOTAL HTD SQ FT GARAGE		
Water Supply:CountyExisting 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 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 wilthin five hundred feet (500') of tract listed above? () yes () no		
Does the property contain any easements whether und	Page 2012e	
Structures (existing or proposed): Single family dwelling	s: Ploposed Manufactured Homes: Other (specify):	
Thereby state that loregoing statements are accurate a	tes and laws of the State of North Carolina regulating such work and the specifications of plans submitted. Indicorrect to the best of my knowledge. Permit subject to revocation if false information is provided.	
Signature of Owner	or Owner's Agent	
""It is the owner/applicants responsibility to provide to: boundary information, house location, under incorrect or mis	the county with any applicable information about the subject property, including but not limited arground or overhead easements, etc. The county or its employees are not responsible for any using information that is contained within these applications.** It is months from the initial date if permits have not been issued.**	

APPLICATION CONTINUES ON BACK

strong roots · new growth



Application # _____

*Mast be owner/occupier or Weansad contractor. Address, company name & phone must match followation on ficense. 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

Managanalang at Adalah Managan di Managan at 1997 Managan di Manag	
Owner's Name: LGI Homes	Date 8120125
Site Address, 530 Ched worth Dr.	Dati
Subdivision: Atherstone	
Description of Proposed Work: New Construction	Lot 266
	Total Job Cost <u>\$125,000</u>
LGI Homes General Contractor Information	
Building Contractor's Company Name	919-520-8406 Talanhari
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	Telephone oliver.hudson@lgihomes.com
Address	Email Address
74803	
LIGHTSE IF	
Description of Work New Construction Service Size:	1
Description of Work West Sastraulton Service Size:	
Electrical Contractor's Company Name	919-1000
103 Fleming St., Cheedmoor NL 27522	Telephone
Address Address	T- CLOROLLEGIUC ONOUSO. CEM
20925	Elliali Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work Nas Construction	
cary Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Dr., Monroe NC 28110	1 byrol@ Ceary mechanicas com
Address	Email Address
16647- License #	
Plumbing Contractor Informatio Description of Work New Canatage Contractor Informatio	<u>n</u>
Titons Plumbing	_# Baths
Plumbing Contractor's Company Name	419-616-1947
PO BOX 1045, DUNN NC 28335	Telephone
Address	business etitan splumbing . com
3480D	Email Address
License #	TT.
Insulation Contractor Information	on .
1 utum Insulation	919-661-0999
Insulation Contractor's Company Name & Address	Telephone
	- map in the control of the control

NOTE: General Contractor / 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

 $\overline{D}_{ate} \left| \frac{\partial }{\partial x} \right| 20 \left| \frac{2.5}{2.5} \right|$

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		
Sign W/Title: Land In - Regional Construction Manager Date: 8 20 25		