

101 267

Aaron



Harnett
COUNTY
NORTH CAROLINA

Initial Application Date:

8/20/25

Application #

CU#

Central Permitting

420 McKinney Pkwy, Lillington, NC 27648

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@lgihomes.com

APPLICANT: LGI Homes

Mailing Address:

City:

State:

Zip:

Contact No:

Email:

*Please fill out applicant information if different than landowner

ADDRESS:

544 Medworth Dr.

PIN:

Zoning:

Flood:

Watershed:

Deed Book / Page:

Setbacks - Front:

Back:

Side:

Corner:

PROPOSED USE:

☒ SFD: (Size 37.6x45) # Bedrooms 3 # Baths 2 Basement (w/wo bath): Garage: ☒ Deck: Crawl Space: Slab: Monolithic Slab: ☒
 TOTAL FLOOR AREA: 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 FLOOR AREA:

☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

☐ Addition/Accessory/Other: (Size x) Use: Closets in addition? ☐ yes ☐ no
 TOTAL FLOOR AREA: GARAGE:

Water Supply: ☒ County Existing 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 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 ☒ 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
Signature of Owner or Owner's Agent

8/20/25
Date

It is the owner/applicant's 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 8 months from the initial date if permits have not been issued.

APPLICATION CONTINUES ON BACK

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Harnett County Central Permitting
420 McInney Pkwy Lillington, NC 27548
PO Box 66 Lillington, NC 27548
910-893-7625 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application # _____

I hereby authorize the Harnett County Central Permitting Office to use my name and photo in the Harnett County Central Permitting Office.

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date: 2/14/25
Site Address: 544 Chedworth Dr. Phone: 919-520-8408
Subdivision: Atherstone Lot: 267
Description of Proposed Work: New Construction Total Job Cost: \$125,000

LGI Homes

General Contractor Information

Building Contractor's Company Name
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380
Address
74803
License #

919-520-8406
Telephone
oliver.hudson@lghomes.com
Email Address

Description of Work: New Construction Service Size: _____ Amps T-Pole: Yes _____ No

J. Crooktree
Electrical Contractor's Company Name
103 Fleming St., Concord NC 27522
Address
26925
License #

919-667-1600
Telephone
j.crooktreeinc@yahoo.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work: New Construction
Cary Mechanical
Mechanical Contractor's Company Name
5910 Stockbridge Dr., Monroe NC 28110
Address
22084
License #

704-882-4522
Telephone
lbvml@carymechanicals.com
Email Address

Plumbing Contractor Information

Description of Work: New Construction
Titans Plumbing
Plumbing Contractor's Company Name
PO Box 1045, Dunn NC 28335
Address
34800
License #

Baths
919-618-1947
Telephone
business@titansplumbing.com
Email Address

Insulation Contractor Information

Tatum Insulation
Insulation Contractor's Company Name & Address

919-661-0999
Telephone

NOTE: General Contractor / Owner must fill out and sign the second page of this application.

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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 I 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: 0 Month to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.~~

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

8/20/25
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: *[Signature]* - Regional Construction Manager Date: 8/20/25