



Application # _____

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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 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		
City: The Woodlands State: TX Zip: 77380 Contact No: 919-520-8406 Email: oliver.hudson@lgihomes.com		
APPLICANT": Halling Address:		
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner		
ADDRESS. 549 Chedworth Dr.		
Zoning: Flood: Watershed: Deed Book / Page:		
Setbacks - Front: Back: Side: Corner:		
PROPOSED USE:		
SFD: (Size39.10x 53) # Bedrooms: 3 # Baths: Deck: Crawl Space: Slab: Sla		
TOTAL HTD SQ FT 552 GARAGE SQ FT 416 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)		
Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off		
□ 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: Use: Hours of Operation: #Employees:		
□ Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no		
TOTAL HTD SQ FT GARAGE		
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Yell 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: 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 0/25/25 Signature of 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." This application expires 6 months from the initial date if permits have not been issued."		

APPLICATION CONTINUES ON BACK

strong roots · new growth



*Must be awards:capier or the assaud contractor. Address, company name & phone must match beformation on license.

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

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	Owner's Name: LGI Homes	8/20/25
	Site Address: 549 Chud WDAN Or.	Date
	Subdivision: Atherstone	Lot305
	Description of Proposed Work: New Construction	Total Job Cost \$ 125,000
	General Contractor Informati	Total 300 Cost 3 123,000
	LOT FIORIES	919-520-8406
	Building Contractor's Company Name	Telephone
	1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380 Address	oliver.hudson@lgihomes.com
	71000	Email Address
	74803 License #	夏48
	Description of Work New Construction Service Size:	1
	Description of Work New Service Size:	Amps T-Pole:Yes No
	Electrical Contractor's Company Name	919-667-1600
	103 Flyming St., Christmony NC 27522	Telephone
	Address	J. Crovotreein C Oyohop. com
	<u>20925</u>	Lindi Addiess
	License #	
	Mechanical/HVAC Contractor Inform Description of Work // Contractor Inform	ation
	Cary Michanicas	70, 600 1600
	Mechanical Contractor's Company Name	7)4-882 -4522 Telephone
	5910 Stockbridge Dr. Monne NC 28110	1 byrol@clary/mechanicals.com
	Address	Email Address
	·22084	
	Plumbing Contractor Inf	
	Description of Work New Construction	
	Titans Plumbing	919-618-1947
	Plumbing Contractor's Company Name	Telephone
	PO BOX 1045, DUNN NC 28335	businessetitansplumbing.com
	Address 34800	Email Address
	License #	
	Insulation Contractor Informatic	an .
	TUTUTY LINGUICTION	919-661-0999
	Insulation Contractor's Company Name & Address	
	Total Company Framio & Addiesa	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 parmits 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 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

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		
Sign w/Title: Regional Construction Many person, little Corporation		