

8/20/25 Harnett

nitial Application Date: 8/20/25

Initial Application Date:	Application #	
		CU#
COUNTY OF F Central Permitting 420 McKinney Pkwy, Lillington,	ARNETT RESIDENTIAL LAND USE APPLICATION NC 27546 Phone: (910) 893-7525 ext:1	TION Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR C	FFER TO PURCHASE) & SITE PLAN ARE REQUIRED W	HEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: LGI Homes	Malling Address: 1450 Lake	Robbins Drive Ste 430
City: The Woodlands State: TX Zip	77380 Contact No: 919-520-8406	_ <sub>Email:</sub> <u>oliver.hudson@lgihomes.com</u>
APPLICANT*:		
City: State: Zip *Please fill out applicant information if different than landowner	: Contact No:	Email:
ADDRESS: 563 Chedworth O		
Zoning:Flood: Watershed:		
Setbacks - Front: Back: Side:	Corner:	
PROPOSED USE:		
SFD: (Size 39.10x 47.4) # Bedrooms: 4 # Baths: 2 TOTAL HTD SQ FT 2014 SARAGE SQ FT 408 (Is the	5Basement(w/wo bath): Garage: Deconus room finished? () yes () no w/ a clos	k: Crawl Space: Slab: Slab:_\( \sum_\) set? () yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms# Bath  TOTAL HTD SQ FT (Is the second	Basement (w/wo bath) Garage: dfloor finished? () yes () no Any other s	Site Built Deck: On Frame Off Frame site built additions? () yes () no
□ Manufactured Home:SWDWTW (Size_	x)# 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  Sewage Supply: New Septic Tank Expansion (Complete Environmental Health Checklist)  Does owner of this tract of land, own land that contains a management of the contains a management	Relocation Existing Septic Tank X	same time as New Tank) County Sewer
Does the property contain any easements whether undergr	ound or overhead ( <u> </u> ) yes () no	_
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify):
If permits are granted I agree to conform to all ordinances at I hereby state that foregoing statements are accurate and conformation.  Signature of Owner or Owner o	son Swher's Agent	Date out the subject property, including but not limited yor its employees are not responsible for any
and application expires	o mondia from the mittal date if permits hav	e not been issued

APPLICATION CONTINUES ON BACK

strong roots · new growth



Application # \_\_\_\_\_

\*Mest be owner/occupier or dicesset contractor. Address company name & phone must match totormation on ficesse. 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

Owner's Name:LGI Homes	Dati 8/20/25
Site Address, 563 Chedworth Dr.	Phone 919-520-8406
Subdivision: Atherstone	Lot _ 804
Description of Proposed Work: New Construction	Total Job Cost \$ 125,000
General Contractor Information	Total 300 Cost 4725,000
LGI Homes	040 500 0400
Building Contractor's Company Name	919-520-8406 Telephone
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380	oliver.hudson@lgihomes.com
Address	Email Address
74803 News # 2294	
License #	
Description of Work New Construction Of Work New Service Size:	1
J Craphael	No
Electrical Contractor's Company Name	010-007-1600 Telephone
103 Flyming St., Chardmory NC 27522	
Address 20025	L- CIOUDTRELIN C CYONOD : COM Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New Construction	
Lary Mechanical	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Dr. Monroe NC 28110	1 byrol@ Ceary 1 mechanicas. com
Address	Email Address
22084	- National Control
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Many Constraints of	_# Baths
Plumbling Contractor's Company Name	419-616-1947
Po Box 1045, Dunn NC 28335	Telephone
Address Address	business etitan splumong. com
34800	Email Address
License #	**
Insulation Contractor Information	nn
1 UTUM LINGUIOTION	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

NOTE: General Contrator 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.

- Rein Sen 8/20/25		
Signature of Owner/Contractor/Officer(s) of Corporation Date 7		
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: Tate In - Regional Continues Meny (Date: 8/20/25		