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Initial Application Date: 8/20/25

Application # _____

CU# _____

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*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 533 Chedworth Dr. PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

☒ SFD: (Size 3910x474) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): _____ Garage: ☒ Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: ☒
TOTAL HTD SQ FT 294 GARAGE SQ FT 408 (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 _____
TOTAL HTD SQ FT (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 HTD SQ FT

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

☐ Addition/Accessory/Other: (Size _____x_____) 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 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/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

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* Must be owner/occupier or
licensed contractor. Address,
company name & phone must
match information on license.

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.harnett.org/permits

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: LGI Homes Date: 8/20/25
Site Address: 533 Chedworth Dr. Phone: 919-520-8406
Subdivision: Atherstone Lot: 306
Description of Proposed Work: New Construction Total Job Cost: \$125,000

LGI Homes

General Contractor Information

Building Contractor's Company Name: _____ Telephone: 919-520-8406
1450 Lake Robbins Dr. Ste 430, The Woodlands, TX 77380
Address: _____ Email Address: oliver.hudson@lgihomes.com
74803
License #: NEW LICENSE 22941 CANADIAN 408

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

Electrical Contractor's Company Name: _____ Telephone: 919-667-1600
103 Flaming St., Charlotte NC 27522
Address: _____ Email Address: j-crabtreeinc@yahoo.com
20925
License #: _____

Mechanical/HVAC Contractor Information

Description of Work: New Construction
Caryl Mechanical
Mechanical Contractor's Company Name: _____ Telephone: 704-882-4522
5910 Stockbridge Dr., Monroe NC 28110
Address: _____ Email Address: lbyrd@carylmechanicals.com
22084
License #: _____

Plumbing Contractor Information

Description of Work: New Construction # Baths: _____
Titans Plumbing
Plumbing Contractor's Company Name: _____ Telephone: 919-666-1947
PO Box 1045, Dunn NC 28335
Address: _____ Email Address: business@titansplumbing.com
34800
License #: _____

Insulation Contractor Information

Tatum Insulation
Insulation Contractor's Company Name & Address: _____ Telephone: 919-661-0999

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

8/20/2025
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: 8/20/2025