

09/09/11

Application #

43979

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner s Name Lamco Custom Builders, LLC Date \_\_\_\_\_

Site Address 886 Juno Dr, Broadway NC Phone 919-935-9282

Directions to job site from Lillington Head west on E Front St. turn left onto S Main St, turn right onto W Old Rd turn left onto NC-27 W, turn left onto Omaha Dr., turn right onto Juno Dr

Subdivision Tingen Pointe Lot 162

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1979 Unheated SF 443 Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Lamco Custom Builders, LLC  
Building Contractor s Company Name  
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607  
Address  
59567  
License # \_\_\_\_\_

919-307-4254  
Telephone  
lamcocustombuilders@gmail.com  
Email Address

**Electrical Contractor Information**

Description of Work New Electrical Service Size \_\_\_\_\_ Amps T-Pole  Yes  No

JM Pope Electric, Inc  
Electrical Contractor s Company Name  
409 Chatham St, Sanford NC 27330  
Address  
21326L  
License # \_\_\_\_\_

919-776-5144  
Telephone  
electricpope@windstream.net  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work New Construction HVAC

Total Systems Heating and Cooling, Inc  
Mechanical Contractor s Company Name  
13341 NC HWY 210 S, Spring Lake NC 28390  
Address  
28846  
License # \_\_\_\_\_

910-436-3450  
Telephone  
parts@totalsystemsnc.com  
Email Address

**Plumbing Contractor Information**

Description of Work New Construction # Baths \_\_\_\_\_

A & M Contractors, Inc  
Plumbing Contractor s Company Name  
PO Box 1020, Ellerbe NC 28338  
Address  
28648  
License # \_\_\_\_\_

910-652-6230  
Telephone  
\_\_\_\_\_  
Email Address

**Insulation Contractor Information**


Tri-City Insulation, 7204 Becky Circle, Raleigh NC  
Insulation Contractor s Company Name & Address

919-369-4730  
Telephone

**\*NOTE General Contractor 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 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 of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation N C G S 87-14**

The undersigned applicant being the

\_\_\_\_ General Contractor    \_\_\_\_ Owner    X 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

X 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

Company or Name Lamco Custom Builders, LLC

Sign w/Title



Tony Toro, VP of Construction

Date

\_\_\_\_\_