

02/09/11

Application #

Harnett County Central Permitting  
PO Box 85 Lillington NC 27548

910 693 7825 Fax 910 693 2793 www.harnett.org/permits

1134011

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 Bryant Lockamy Date 3.11.19  
Site Address \_\_\_\_\_ Phone 919-524-3354  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Southern Touch Homes, LLC 919-1639-4672  
Building Contractor's Company Name Telephone  
PO Box 2135 Angier, NC 27501 SouthernTouchHomesLLC@gmail.com  
Address Email Address  
78270  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 200 Amps T-Pole  Yes  No  
SNO Electric 919-427-6952  
Electrical Contractor's Company Name Telephone  
19655.0c Hwy 210 Angier, NC 27501 N/A  
Address Email Address  
13075  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mainstream Mechanical HVAC 919-934-9339  
Mechanical Contractor's Company Name Telephone  
412 Lazy Branch Drive Benson, NC 27504 mainstreammechanical@gmail.com  
Address Email Address  
31005  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Double J Plumbing 910-814-7705  
Plumbing Contractor's Company Name Telephone  
1614 Byrd Road Bunker, NC 28323 jamiejohnsonplumbing@gmail.com  
Address Email Address  
21649  
License #

**Insulation Contractor Information**

Tri-City Insulation 910-486-8855  
Insulation Contractor's Company Name & Address Telephone  
334 East Mountain Drive Fayetteville, NC 28306 License # 41733

\*NOTE General Contractor must fill out and sign the second page of this application

0.11.19

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

The undersigned applicant being the \_\_\_\_\_  
 General Contractor  Owner  
 Other/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 subcontractor(s) and has obtained workers compensation insurance to cover them  them  
 Has one (1) or more subcontractor(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 workers 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 \_\_\_\_\_  
 Southern Touch Homes, LLC

Sign write \_\_\_\_\_  
 Robert J. Johnson (Owner)

Date ~~5/14/18~~ 0.11.19

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-issuance fee is \$150.00 After 2 years re-issuance fee is as per current fee schedule**

Signature of Applicant/Contractor/Owner(s) of Corporation \_\_\_\_\_  
 Robert J. Johnson

Date ~~5/14/18~~ 0.11.19

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1004706

Filed on: 03/07/2019

Initially filed by:  
southerntouchhomesllc

**Designated Lien Agent**

Old Republic National Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384

Fax: 919-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com)

**Project Property**

C. Holder Lane (Overhills Road)  
Spring Lake, NC 28390  
Cumberland County County

**Property Type**

1-2 Family Dwelling

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Owner Information**

Bryant Lockamy  
PO Box 2135  
Angler, NC 27501  
United States  
Email: [southerntouchhomesllc@gmail.com](mailto:southerntouchhomesllc@gmail.com)  
Phone: 919-639-4672

**Date of First Furnishing**

03/08/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384