Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

SED1903-0045

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 Homes	Date
Site Address Lot 6, 154 Southern Place, Lillington	Phone 919-935-9282
Directions to job site from LillingtonTake NC-27 W to Norrington Rd tu	rn left onto Norrington Rd
take that to Clark rd turn right, take that to Southern Place turn left.	
Subdivision Currin Plantation	Lot6
Description of Proposed Work New home construction	# of Bedrooms 3
Heated SF 1651 Unheated SF 399 Finished Bonus Room?	
General Contractor Information	
Lamco Homes	919-307-4254
Building Contractor's Company Name	Telephone
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607	lamcocustombuilders@gmail.com
Address	Email Address
59567	
License #	_
Description of Work New Electrical Service Size	<u></u> Amps T-Pole <u>√</u> YesNo
JM Pope Electric, Inc	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St, Sanford NC 27330	
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contractor Inform	<u>iation</u>
Description of Work New Construction HVAC	
Total Systems Heating and Cooling, Inc	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 NC HWY 210 S, Spring Lake NC 28390	parts@totalsystemsnc.com
Address	Email Address
28846	
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work New Construction	_# Baths
A & M Contractors, Inc	910-652-6230
Plumbing Contractor's Company Name	Telephone
PO Box 1020, Ellerbe NC 28338	
Address	Email Address
28648	
License #	
Insulation Contractor Information	
Tri-City Insulation, 7204 Becky Circle, Raleigh NC	_919-369-4730 Telephone
DISDIADOR CONTRACTORS CODROADY INABLE & AUGRESS	I CICUITUTE

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

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 OwnerX 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	
Company or Name	
Sign w/Title Tony Toro, VP of Construction Date	