Application #

SFD2001-0003

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 Homes   |                               | Date <u>2/6/20</u> |
|--|-------------------------------|--------------------|
| Site Address 244 Southern Place                                  | Phone                         | 919-307-4254       |
| Directions to job site from Lillington                           |                               |                    |
|  |                               |                    |
| Subdivision Currin Plantation                                    | Lot 11                        |                    |
| Description of Proposed Work New home construction               | # of Bedrooms 3               |                    |
| Heated SF 1801 Unheated SF 420 Finished Bonus Room?              | Crawl Spac                    | ce 🏒 Slab          |
| General Contractor Information                                   |                               | 4                  |
| 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 #  Electrical Contractor Information                     | ,                             |                    |
| Description of Work New Electrical Service Size                  |                               | oleYesNo           |
| JM Pope Electric, Inc  | 919-776-514                   | 4                  |
| Electrical Contractor's Company Name                             | Telephone                     |                    |
| 409 Chatham St, Sanford NC 27330                                 |                               |                    |
| Address  | Email Address                 |                    |
| 21326L   |                               |                    |
| License #  | -4                            |                    |
| Mechanical/HVAC Contractor Inform                                | <u>ation</u>                  |                    |
| Description of Work New Construction HVAC                        |                               | -                  |
| Total Systems Heating and Cooling, Inc                           | 910-436-345                   | 0                  |
| Mechanical Contractor's Company Name                             | Telephone                     |                    |
| 13341 NC HWY 210 S, Spring Lake NC 28390                         |                               |                    |
| Address  | Email Address                 |                    |
| <u>28846</u>   |                               |                    |
| License # Plumbing Contractor Information                        | •                             |                    |
|  | _                             |                    |
| Description of Work New Construction                             | _# Baths_2                    | 20                 |
| A & M Contractors, Inc   | 910-652-623                   |                    |
| Plumbing Contractor's Company Name PO Box 1020, Ellerbe NC 28338 | Telephone                     |                    |
| Address  | Email Address                 |                    |
|  | Linaii Address                |                    |
| 28648  |                               |                    |
| Insulation Contractor Informatio                                 | <u>n</u>                      |                    |
| Tri-City Insulation, 7204 Becky Circle, Raleigh NC               | 919-369-473                   | 30                 |
| Insulation Contractor's Company Name & Address                   | Telephone                     |                    |

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  |                                     |  |  |
|---|-------------------------------------|--|--|
|   | 2/6/2020                            |  |  |
| 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 Office   | er/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 o  | of Construction Date 2/6/2020       |  |  |