Application #

SFD2002-0031

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 3/3/2020
Site Address 32 Elsie Buchanan, Broadway NC 27505	Phone <u>919-307-4254</u>
Directions to job site from Lillington Take 5 2nd St.	to E. Front St.
Follow US 921 N to COOI Springs	Rd. in Upper Little Riv
Cont. on Cool Springs Rd - Take Holl	
Subdivision Cinnamon Hill	Lot 10 B
Description of Proposed Work New Home Construction	# of Bedrooms 3
Heated SF 1717 Unheated SF 447 Finished Bonus Room?	Crawl Space Slab ✓
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>ion</u> eAmps T-Pole <u>√</u> YesNo
Ideal Electric Inc	
Electrical Contractor's Company Name	734-927-7440 Telephone
PO Box 969, Farmington MI 48332	raiophana
Address	Email Address
27098-U	Ziman / idai odo
License #	
Mechanical/HVAC Contractor Info	rmation
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 Informat	
Description of Work New Construction	# Baths_2
Donnie Avery Plumbing Co	919-639-2023
Plumbing Contractor's Company Name	Telephone
3221 C Plainview Church Rd, Angier NC 27501	
Address	Email Address
10886-P	
License # Insulation Contractor Informat	ion
Tri-City Insulation, 7204 Becky Circle, Raleigh NC Insulation Contractor's Company Name & Address	_919-369-4730 Telephone
modification of the control of the c	CODITORIO

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

The	3/3/2020	
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	r/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	f Construction Date 3/3/2020	