

09/09/11

Application #

SFD2002-0005

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 \_\_\_\_\_

Site Address Lot 43, Kotata Ave Phone 919-307-4254

Directions to job site from Lillington FOLLOW E Front St. and 6th St to E. McNeill St. - Take Ross Rd to Bramble Ave in Bunnland Cont. on Bramble Ave to again Kotata Ave.

Subdivision Blackberry Manor Lot 43

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

919-307-4254  
Telephone  
info@lamcohomes.com  
Email Address

**Electrical Contractor Information**

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

Electrical Contractor's Company Name \_\_\_\_\_  
1140 NC 55 E, Coats NC 27521  
Address  
24450-L  
License # \_\_\_\_\_

Telephone \_\_\_\_\_  
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 2  
Donnie Avery Plumbing Co  
Plumbing Contractor's Company Name  
3221 C Plainview Church Rd, Angier NC 27501  
Address  
10886-P  
License # \_\_\_\_\_

919-639-2023  
Telephone  
Email Address \_\_\_\_\_

**Insulation Contractor Information**

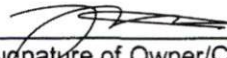
Tri-City Insulation, 7204 Becky Circle, Raleigh NC  
Insulation Contractor's Company Name & Address

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     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 Lamco Homes

Sign w/Title  Tony Toro, VP of Construction    Date \_\_\_\_\_