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

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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

phone must match	
Owner's Name Lamco Homes	Date 3/10/2020
Site Address Lot 10, Kotata Ave	Phone 919-307-4254
Directions to job site from Lillington FOLLOW E. FRONT	ST + 6 12 ST TO E MCNEILL
TAKE ROSS Rd to Bramble Ave in	
Bramble Ave to Kotata Ave.	
Subdivision Blackberry Manor	Lot 10
Description of Proposed Work New Home Construction	# of Bedrooms 3
Heated SF 1632 Unheated SF 393 Finished Bonus Room's General Contractor Information	
Lamco Homes	919-307-4254
Building Contractor's Company Name	Telephone
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607	info@lamcohomes.com
Address	Email Address
59567	
License #	-1
Description of Work New Electrical Service Si	<u>ation</u> zeAmps T-Pole <u>√</u> YesNo
On Time Services	
Electrical Contractor's Company Name	Telephone
<u>1140 NC 55 E, Coats NC 27521</u> Address	Email Address
24450-L	
License #	formation
Mechanical/HVAC Contractor Inf	ormation
Description of Work New Construction HVAC	0.10, 100, 0.150
Total Systems Heating and Cooling, Inc	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 NC HWY 210 S, Spring Lake NC 28390 Address	<u>parts@totalsystemsnc.com</u> Email Address
28846	
License # Plumbing Contractor Inform	ation
Description of Work New Construction	# Baths <u>2</u>
Donnie Avery Plumbing Co Plumbing Contractor's Company Name	Telephone
3221 C Plainview Church Rd, Angier NC 27501	
Address	Email Address
10886-P	
License #	ation
Insulation Contractor Inform	Para Para da Antonio de Contrata da Antonio d
Tri-City Insulation, 7204 Becky Circle, Raleigh NC Insulation Contractor's Company Name & Address	_919-369-4730 Telephone
mountain Contractor's Company Name & Address	repriore

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 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	of Construction Date	