Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

## **Application for Residential Building and Trades Permit**

	7) 1-1-1
Owner's Name Lamco Homes	Date 3/6/2020
Site Address Lot 45, Kotata Ave	Phone 919-307-4254
Directions to job site from Lillington Follow E. Front S	H. & letter St. to E. McNeill
TAKE Ross Rd to Bramble Ave in Bu	unnievel Cont. On
Bramble Ave to Kotala Ave.	
Subdivision Blackberry Manor	Lot 45
Description of Proposed Work New Home Construction	# of Bedrooms 3
Heated SF 1717 Unheated SF 447 Finished Bonus Room? _ General Contractor Information	Crawl Space Slab
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 #  Electrical Contractor Informati	on
	Amps T-PoleYesNo
On Time Services	
Electrical Contractor's Company Name	Telephone
1140 NC 55 F, Coats NC 27521 Address	Email Address
24450-L	
License # Mechanical/HVAC Contractor Infor	mation
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 Informati	on
	# Baths 2
Description of Work New Construction	919-639-2023
Donnie Avery Plumbing Co Plumbing Contractor's Company Name	Telephone
3221 C Plainview Church Rd, Angier NC 27501	Emoil Address
Address	Email Address
10886-P License #	
Insulation Contractor Informat	<u>ion</u>
Tri-City Insulation, 7204 Becky Circle, Raleigh NC	919-369-4730
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

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	
Sign w/Title Tony Toro, VP of Construction Date	