



Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Bryant Lockamy Date: 7-1-20

Site Address: 790 Mamie Upchurch Rd Lillington, NC 27546 Phone: 919-524-3354

Subdivision: Stevenson Farms Lot: 2

Description of Proposed Work: _____

General Contractor Information

Southern Touch Homes, LLC.

919-524-3354

Building Contractor's Company Name

Telephone

P.O. Box 2135 Angier, NC 27501

southerntouchhomesllc@gmail.com

Address

Email Address

78270

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Sno Electric

919-427-6952

Electrical Contractor's Company Name

Telephone

19655 NC Hwy 210 Angier, NC 27501

n/a

Address

Email Address

13075

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mainstream Mechanical HVAC

919-934-9339

Mechanical Contractor's Company Name

Telephone

412 Lazy Branch Drive Benson, NC 27504

mainstreammechanical@gmail.com

Address

Email Address

31005

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Double J Plumbing

910-814-7705

Plumbing Contractor's Company Name

Telephone

614 Byrd Road Bunnlevel, NC 28323

jamiejohnsonplumbing@gmail.com

Address

Email Address

21649

License # _____

Insulation Contractor Information

Tri City Insulation

910-486-8855

Insulation Contractor's Company Name & Address

Telephone

334 East Mountain Dr.

LICENSE #: 41733

Fayetteville, NC 28306

***NOTE: General Contractor / owner 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.

Bryant Lockamy

Signature of Owner/Contractor/Officer(s) of Corporation

7-1-20

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.

Sign w/Title: _____ Date: _____