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

| Owner's Name <u>Lamco Homes</u> | | Date 6/10/20 |
|---|---------------|----------------------|
| Site Address 49 Elsie Buchanan Lane, Broadway | Phone | 919-307-4254 |
| Directions to job site from Lillington | | |
| | | |
| | | |
| Subdivision Cinnamon Hill | Lot _3 | |
| Description of Proposed Work New Home Construction | # of Be | edrooms 3 |
| Heated SF 1602 Unheated SF 454 Finished Bonus Room? | Crawl Spa | ce Slab _/_ |
| General Contractor Information | <u>on</u> | |
| Lamco Homes | 919-307-425 | 54 |
| Building Contractor's Company Name | Telephone | |
| 7424 Chapel Hill Rd Ste 203, Raleigh NC 27607 | lamcocustom | builders@gmail.co |
| Address | Email Address | |
| 59567 | | |
| License # | | |
| Electrical Contractor Informati | on | |
| Description of Work New Electrical Service Size | 200_Amps T-F | Pole <u>√_</u> YesNo |
| Ideal Electric Inc | 734-927-744 | 0 |
| Electrical Contractor's Company Name | Telephone | |
| PO Box 969, Farmington MI 48332 | | |
| Address | Email Address | |
| 27098-U | | |
| License # | | |
| Mechanical/HVAC Contractor Infor | mation | |
| Description of Work New Construction HVAC | | _ |
| Total Systems Heating and Cooling, Inc | 910-436-345 | 0 |
| Mechanical Contractor s Company Name | Telephone | |
| 13341 NC HWY 210 S. Spring Lake NC 28390 | parts@totals | ystemsnc.com |
| Address | Email Address | |
| 28846 | | |
| License # | | |
| Plumbing Contractor Informati | ion | |
| Description of Work New Construction | # Baths | - 4 |
| Donnie Avery Plumbing Co | 919-639-202 | 3 |
| 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 | 919-369-47 | 30 |
| 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 bysigning-below I have obtained all subcontractors
permission-to-obtain these-permits and if <a href="mailto:any-permits-any

| 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 | | | | |
| | | | | |
| | 6/10/20 | | | |
| 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 Y | officer/Agent of the Centract | or or Owner | | |
| 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 | | | | |
| V | | | | |
| 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 | | | | |
| Lamco Homes | | | | |
| Company or Name | | | | |
| Tony Toro | /D of Construction - | 6/10/2020 | | |
| Sign w/Title Tony Toro, | VP of Construction Date | 6/10/2020 | | |
| | the state of the s | | | |