



Application # SFD2008-0062

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/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Lamco Custom Builders, LLC Date: 9/23/2020  
Site Address: 15 Parkview Lane Phone: 919-307-4254  
Subdivision: Rosemont Lot: 1  
Description of Proposed Work: New home construction Total Job Cost: 145,000.00

**General Contractor Information**

Lamco Custom Builders, LLC 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 **HEATED SQ FT** 1965 **GARAGE SQ FT** 448  
License #

**Electrical Contractor Information**

Description of Work New home construction Service Size: 200 Amps T-Pole:  Yes  No  
On Time Services 910-694-8209  
Electrical Contractor's Company Name Telephone  
1140 NC 55 E, Coats NC 27521  
Address Email Address  
24450-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New home construction  
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 Email Address  
28846  
License #

**Plumbing Contractor Information**

Description of Work New Home Construction # Baths 2.5  
Titan's Plumbing LLC 919-615-1947  
Plumbing Contractor's Company Name Telephone  
1634 Brook Fern Way, Raleigh NC 27609  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

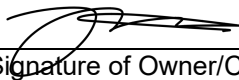
Tri-City Insulation, 7204 Becky Circle, Raleigh NC  
Insulation Contractor's Company Name & Address Telephone

**\*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.**

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

12/18/2020  
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:

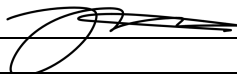
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 12/18/2020