

Application # SFD2008-0075

\* 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. 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: Lamco Custom Builders, LLC	Date: _9/23/2020	
Site Address: 143 Parkview Lane	Phone: <u>919-307-4254</u>	
Subdivision: Rosemont	Lot: <u>15</u>	
Description of Proposed Work: New home construction	Total Job Cost: <u>160,000</u>	
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 1717 GARAGE SQ	FT 447	
License #		
<u>Electrical Contractor Information</u> Description of Work New home construction Service Size: 200 Amps T-Pole: ✓ YesNo		
Description of Work New home construction Service Size: 2 On Time Services		
Electrical Contractor's Company Name	910-694-8209 Talanhana	
	Telephone	
	Email Address	
24450-L	Email Address	
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	
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.

	12/7/2020
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensation of the undersigned applicant being the:	ation N.C.G.S. 87-14
✓ General Contractor Owner Office	er/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s) set forth in the permit:	, firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained work	ers' compensation insurance to cover them.
√ Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own covering themselves.	n policy of workers' compensation insurance
Has no more than two (2) employees and no subcontrac	tors.
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of covera to issuance of the permit and at any time during the permitted we carrying out the work.	age of worker's compensation insurance prior
Sign w/Title:	Date: 12/7/2020