

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

SFD2108-0063

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owner s Name Lamco Homes Date 9/15/2021

Site Address 64 Green Links Dr Phone 919-307-4254

Directions to job site from Lillington _____

Subdivision Carolina Seasons Lot G3

Description of Proposed Work New Home Construction # of Bedrooms 3

Heated SF 2144.4 Unheated SF 528 Finished Bonus Room? _____ Crawl Space _____ Slab X

General Contractor Information

Lamco Homes
Building Contractor s Company Name
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607
Address
59567
License #

919-307-4254
Telephone
lamcocustombuilders@gmail.com
Email Address

Electrical Contractor Information

Description of Work New Electrical Service Size 200 Amps T-Pole Yes No

Ideal Electric Inc
Electrical Contractor s Company Name
PO Box 969, Farmington MI 48332
Address
27098-U
License #

734-927-7440
Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC

Total Systems Heating and Cooling, Inc
Mechanical Contractor s Company Name
13341 NC HWY 210 S, Spring Lake NC 28390
Address
28846
License #

910-436-3450
Telephone
parts@totalsystemsnc.com
Email Address

Plumbing Contractor Information

Description of Work New Construction # Baths 2

Titans Plumbing
Plumbing Contractor s Company Name
PO Box 1045
Address
34800
License #

919-615-1947
Telephone
business@titansplumbing.com
Email Address

Insulation Contractor Information


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

919-369-4730
Telephone

***NOTE General Contractor 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

9/15/2021

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 Lamco Homes

Sign w/Title  _____ Tony Toro, VP of Construction Date 9/15/2021