



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/occupier 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: 11-29-21  
Site Address: Lot 3-B micro Tower rd Lillington, nc Phone: 919-524-3354  
Subdivision: 1224 microtower rd Lot: 3-B  
Description of Proposed Work: new construction Total Job Cost: 175,276

**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 **HEATED SQ FT** 1511 **GARAGE SQ FT** 414  
License #

**Electrical Contractor Information**

Description of Work install electric 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  
Address Email Address  
13075  
License #

**Mechanical/HVAC Contractor Information**

Description of Work install HVAC system  
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 install plumbing # Baths 3  
Double J Plumbing 910-814-7705  
Plumbing Contractor's Company Name Telephone  
614 Byrd Pond Road Bunnlevel, NC 28323 jamiejohnsonplumbing@gmail.com  
Address Email Address  
21649  
License #

**Insulation Contractor Information**

Tri City Insulation 334 East Mtn. Dr. Fayetteville, NC 28306 910-486-8855  
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.**

*Boyd [Signature]*

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

*11-29-21*

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: *Boyd [Signature]* *builder* Date: *11-29-21*