



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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 2/18/2022

Site Address: _____ Phone 919-307-4254

Subdivision: _____ Lot _____

Description of Proposed Work: site built new home construction Total Job Cost _____

General Contractor Information

Lamco Custom Builders, LLC 919-307-4254

Building Contractor's Company Name Telephone

7424 Chapel Hill Rd Suite 203 info@lamcohomes.com

Address Email Address

59567 **HEATED SQ FT** _____ **GARAGE SQ FT** _____

License #

Electrical Contractor Information

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

Ideal Electric Inc. 734-927-7440

Electrical Contractor's Company Name Telephone

PO Box 969, Farmington MI 48332 _____

Address Email Address

27098-U

License #

Mechanical/HVAC Contractor Information

Description of Work New Home

Total Systems Heating & Cooling Inc 910-436-3450

Mechanical Contractor's Company Name Telephone

13341 NC Hwy 210S service@totalsystemsnc.com

Address Email Address

28846

License #

Plumbing Contractor Information

Description of Work New home # Baths _____

A&M Contractor's 910-652-6230

Plumbing Contractor's Company Name Telephone

PO Box 1020, Ellerbe NC 28338 _____

Address Email Address

28648

License #

Insulation Contractor Information

Tri-City Insulation, 3154 Camden Rd Ste 1, 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.



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 X 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.

X 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:  _____ VP Construction _____ Date: _____