

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

Application for Residential Building and Trades Permit

* Must be owner/occupier or licensed contractor. Address,

company name & phone must match information on license.

| Owner's Name: Lamco Custom Builders, LLC | Date2/18/2022 |
|--|---|
| Site Address: | |
| Subdivision: | |
| Description of Proposed Work: site built new home construction | |
| General Contractor Information | on |
| Lamco Custom Builders, LLC | 919-307-4254 |
| Building Contractor's Company Name | Telephone |
| 7424 Chapel Hill Rd Suite 203 Address | info@lamcohomes.com Email Address |
| 59567 HEATED SQ FT GARAGE | SQ FT |
| License # | |
| Description of Work <u>New Home</u> Service Size | <u>ion</u> e: <u>200 </u> Amps T-Pole: <u>X </u> Yes <u> </u> No |
| Ideal Electric Inc. | 734-927-7440 |
| Electrical Contractor's Company Name | Telephone |
| PO Box 969, Farmington MI 48332 | |
| Address | Email Address |
| <u>27098-U</u> | |
| License # Mechanical/HVAC Contractor Info | rmation |
| Description of Work _New Home | |
| Total Systems Heating & Cooling Inc | 910-436-3450 |
| Mechanical Contractor's Company Name | Telephone |
| <u>13341 NC Hwy 210S</u> Address | <u>service@totalsystemsnc.com</u> Email Address |
| 28846 | |
| License # | ion |
| Plumbing Contractor Informat | |
| Description of Work <u>New home</u> A&M Contractor's | # Baths |
| Plumbing Contractor's Company Name | <u>910-652-6230</u> Telephone |
| | relephone |
| PO Box 1020, Ellerbe NC 28338 Address | Email Address |
| 28648 License # | |
| Insulation Contractor Informat | tion |
| 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: