

* 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 # _____

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: Bryant Lockamy	2.44
Site Address: 78 Wendywood Dr. Angier nc 2	Date: 1-9-0
Subdivision: Mitchell March	1
Description of Proposed Work: New Construction	Lot:Lot:Lot:
General Contractor Information	
Southern Touch Homes, LLC.	
Building Contractor's Company Name	919-524-3354 Tolophone
P.O. Box 2135 Angier, NC 27501	Telephone
Address	southerntouchhomeslle@gmail.com
78270	Email Address
License # HEATED SQ FT 1572 GARAGE S	SQFT)SY
Description of Work 105+011 electrical Contractor Information Superior Supe	:Amps T-Pole: VYesNo
Electrical Contractor's Company Name	919-427-6952
19655 NC Hwy 210 Angier, NC 27501	Telephone
Address	F
13075	Email Address
License #	•
Mechanical/HVAC Contractor Inform	nation
Description of Work 105tall MUAC SUSE m	
Mainstream Mechanical HVAC	010 024 0220
Mechanical Contractor's Company Name	919-934-9339 Tolophone
412 Lazy Branch Drive Benson, NC 27504	Telephone
Address	mainstreammechanical@gmail.com
31005	Email Address
License #	
Plumbing Contractor Informatio	n
Description of Work 105tall Plumbing	_# Baths 3
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	
614 Byrd Pond Road Bunnlevel, NC 28323	Telephone
Address	jamiejohnsonplumbing@gmail.com
21649	Email Address
License #	
Insulation Contractor Information	n
Tri City Insulation 334 East Mtn. Dr. Favetteville, 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee

Signature of Owner/Contractor/Officer(s) of Corporation	4-4-22 Date
Signature of Owner/Contractor/Officer(s) of Corporation	<u> 4-4-22</u> 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 Sign w/Title: Date: 4-4-22