



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 2/11/2022

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 \_\_\_\_\_

Titan's Plumbing 919-615-1947

Plumbing Contractor's Company Name Telephone

PO Box 1045, Dunn NC 28335 \_\_\_\_\_

Address Email Address

34800 \_\_\_\_\_

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     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:  VP Construction Date: \_\_\_\_\_