

\* 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 - 1
Site Address: 2486 MACKS Rd COMMESSE DE	Date: 10-3-
Site Address: 2486 marks Rd comeron, nc. Subdivision: NA	2 / 33 Q Phone: 919-524-3354
Description of Proposed Work: Dew Construction	Lot: 2
Southern Touch Homes, LLC.	tion
Building Contractor's Company Name	919-524-3354
P.O. Box 2135 Angier, NC 27501	Telephone
Address	southerntouchhomesllc@gmail.com
78270	Email Address
License # HEATED SQ FT 1434 GARAGE	SQ FT 393
Description of Work 105+011 PROPERTY Suc Service Size Size Electrical Contractor's Company Name	e:Amps T-Pole: VesNo
19655 NC Hwy 210 Angier, NC 27501	Telephone
Address	
13075	Email Address
Description of Work 1054011 HUAC System  Mainstream Mechanical HVAC	919-934-9339
Mechanical Contractor's Company Name	Telephone
412 Lazy Branch Drive Benson, NC 27504	
Address	mainstreammechanical@gmail.com Email Address
31005	Email Address
License #	
Plumbing Contractor Informat	ion
Description of Work Install plumbing	# Baths 212
Double J Plumbing	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Pond Road Bunnlevel, NC 28323	
Address	jamiejohnsonplumbing@gmail.com Email Address
21649	Littali Address
License #	
Insulation Contractor Informati	on
Fri 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

The und	Affidavit dersigned applicant being	for Worker's C	compensation N.	C.G.S. 87-14
	General Contractor _	Owner	Officer/Agent of	f the Contractor or Owner
Do herek set forth	by confirm under penaltie in the permit:	s of perjury that the	e person(s), firm(s) or	corporation(s) performing the work
На	as three (3) or more emp	loyees and has obt	tained workers' comp	ensation insurance to cover them.
them.	as one (1) or more subco	ntractors(s) and ha	s obtained workers'	compensation insurance to cover
				workers' compensation insurance
	as no more than two (2) e			
While wor Departme	rking on the project for wi	nich this permit is s	ought it is understood	that the Central Permitting ker's compensation insurance prior by person, firm or corporation
Sign w/Titl	4/ //	4	01 1- 0	Date: 10-5-22