

\* 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	Date: 1130-2		
Site Address: 4087 Barbeaue Church	Phone: 919-524-3354		
Subdivision: HOILU Place	Lot:		
Description of Proposed Work: Delo Constru	CHON Total Job Cost: 1100, 000		
General Contractor In			
Southern Touch Homes, LLC.	919-524-3354		
ilding Contractor's Company Name Telephone			
P.O. Box 2135 Angier, NC 27501	southerntouchhomesllc@gmail.com		
Address	Email Address		
78270 HEATED SQ FT 1045 GA			
License #	3. 100		
Electrical Contractor In			
Description of Work 105+001 electron Serv			
Sno Electric	919-427-6952		
Electrical Contractor's Company Name	Telephone		
19655 NC Hwy 210 Angier, NC 27501	= "		
Address	Email Address		
13075			
License #  Mechanical/HVAC Contract	or Information		
1 - 101 0 1 11 100			
Description of Work ASTURE HVHC	010 024 0220		
Mainstream Mechanical HVAC Mechanical Contractor's Company Name	919-934-9339 Tolophone		
412 Lazy Branch Drive Benson, NC 27504	Telephone		
	mainstreammechanical@gmail.com		
Address	Email Address		
Jioopee #			
License # Plumbing Contractor In	formation		
( ( ( ) ( ) ( ) ( ) ( ) ( )	7		
Description of Work 105tul / 10mbing	# Baths		
Double J Plumbing	910-814-7705		
Plumbing Contractor's Company Name	Telephone		
614 Byrd Pond Road Bunnlevel, NC 28323	jamiejohnsonplumbing@gmail.com		
Address	Email Address		
21649			
License #	of a way at law		
Insulation Contractor In	Hormation		
Tri City Insulation 334 East Mtn. Dr. Fayetteville, NC 28306			
Insulation Contractor's Company Name & Address			

\*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

The under	Affidavit rsigned applicant being		Compensation N.C.G.	S. 87-14
G	General Contractor _	Owner	Officer/Agent of the	Contractor or Owner
	confirm under penaltien the permit:	es of perjury that th	e person(s), firm(s) or corp	oration(s) performing the work
Has	s three (3) or more emp	ployees and has ob	otained workers' compensa	tion insurance to cover them.
them. Has	s one (1) or more subc	ontractors(s) and h	as obtained workers' comp	pensation insurance to cover
	s one (1) or more subc hemselves.	ontractors(s) who h	nas their own policy of work	kers' compensation insurance
Has	s no more than two (2)	employees and no	subcontractors.	
Departmento issuance	nt issuing the permit m	ay require certifica	sought it is understood that tes of coverage of worker's permitted work from any p	compensation insurance prior erson, firm or corporation
Cian w/Tit	10 Botant	mary	( Chonon)	Deta: 11-30-23