



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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 for Residential Building and Trades Permit

Owner's Name: Bryant Lockamy	Date: <u>U -0</u> 1 -0	
Site Address: 116 Bace Ct Santord	27.332 Phone: 919-524-3354	
Subdivision: West Preserve.	Lot: 43	
Description of Proposed Work: New Construct	Total Job Cost: 295.00	
General Contractor Inf	, ,	
Southern Touch Homes, LLC.	919-524-3354	
Building Contractor's Company Name	Telephone	
P.O. Box 2135 Angier, NC 27501 Address	Email Address	
78270 HEATED SQ FT 1955 GA	BACE 80 ET SSI 132 MC 277	
License #	RAGE SQFI 331 3 W	
Lack of the Electrical Contractor In	nformation /	
Description of Work Serv	rice Size:Amps T-Pole: VYesN	
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	tor Information	
Description of Work Work NOTULE NOT		
Mainstream Mechanical HVAC	919-934-9339	
Mechanical Contractor's Company Name	Telephone	
412 Lazy Branch Drive Benson, NC 27504	mainstreammechanical@gmail.com	
Address	Email Address	
31005		
License #	of a markland	
Plumbing Contractor Ir	20	
Description of Work 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 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 #		
Insulation Contractor II	ntormation	
Tri City Insulation 334 East Mtn. Dr. 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.



* Come

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

The un	Affidavit dersigned applicant being		ompensation N.C.G.S	5. 87-14	
_	_ General Contractor	Owner	Officer/Agent of the C	ontractor or Owner	
	eby confirm under penaltien in the permit:	s of perjury that the	e person(s), firm(s) or corpo	ration(s) performing the work	
	Has three (3) or more emp	loyees and has ob	tained workers' compensati	on insurance to cover them.	
them.	Has one (1) or more subco	ontractors(s) and ha	as obtained workers' compe	ensation insurance to cover	
✓ 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.					
Departr to issua	ment issuing the permit manned of the permit and at a gout the work.	ay require certificate	sought it is understood that es of coverage of worker's of permitted work from any pe	compensation insurance prior	
Olgi W/	Inc.	1		Date. W	