

Application # _____

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Lamco Custom Builders, LLC		Date	2/11/2022
Site Address:			
Subdivision:			
Description of Proposed Work: site built new home construction			
General Contractor Information			
Lamco Custom Builders, LLC	919-307-4254		
Building Contractor's Company Name	Telephone		
7424 Chapel Hill Rd Suite 203 Address	info@lamcohomes.com Email Address		
59567 HEATED SQ FT GARAGE SQ	FT		
License #			
Description of Work New Home Service Size:		olo: Y	Voc. No.
Ideal Floatria Inc	-	'01e. <u>^</u>	1 esINO
Ideal Electric Inc. Electrical Contractor's Company Name	734-927-7440 Telephone		
PO Box 969, Farmington MI 48332	Тоюргюно		
Address	Email Address		
27098-U			
License #			
Mechanical/HVAC Contractor Inform	<u>ation</u>		
Description of Work New Home		_	
Total Systems Heating & Cooling Inc	910-436-3450		
Mechanical Contractor's Company Name	Telephone		
13341 NC Hwy 210S	service@totalsy	ystems	nc.com
Address	Email Address		
28846			
License # Plumbing Contractor Information	1		
	_		
Description of Work New home Titan's Plumbing	_# Baths		
Plumbing Contractor's Company Name	919-615-1947 Telephone		
	relepriorie		
PO Box 1045, Dunn NC 28335 Address	Email Address		
34800	Linaii Addiess		
 License #			
Insulation Contractor Information	<u>n</u>		
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 OwnerX 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.
\underline{X} 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:
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