

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:		
Subdivision:		
Description of Proposed Work: site built new home construction	Total Job Cost	
General Contractor Information	on	
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 Informat	ion	
Description of Work <u>New Home</u> Service Size		Pole: X_YesNo
Ideal Electric Inc.	734-927-7440	
Electrical Contractor's Company Name	Telephone	
PO Box 969, Farmington MI 48332		
Address	Email Address	
<u>27098-U</u>		
License # Mechanical/HVAC Contractor Info	rmation	
Description of Work <u>New Home</u>		_
Total Systems Heating & Cooling Inc Mechanical Contractor's Company Name	<u>910-436-3450</u> Telephone	
<u>13341 NC Hwy 210S</u> Address	<u>service@totals</u> Email Address	<u>ystemsnc.com</u>
28846		
License #		
Plumbing Contractor Informat	ion	
Description of Work <u>New home</u>	# Baths	
Titan's Plumbing	<u>919-615-1947</u>	
Plumbing Contractor's Company Name	Telephone	
PO Box 1045, Dunn NC 28335		
Address	Email Address	
34800		
License #	lion	
Insulation Contractor Informat		
Tri-City Insulation, 3154 Camden Rd Ste 1, Fayetteville NC 28306 Insulation Contractor's Company Name & Address	910-486-8855 Telephone	
insulation contractors company Name & Address	reiebrione	

*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 ContractorOwner XOfficer/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: Date: