



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 PermitOwner's Name: Lamco Custom Builders, LLC Date 2/11/2022Site Address: _____ Phone 919-307-4254

Subdivision: _____ Lot _____

Description of Proposed Work: site built new home construction Total Job Cost _____**General Contractor Information**Lamco Custom Builders, LLC919-307-4254

Building Contractor's Company Name

Telephone

7424 Chapel Hill Rd Suite 203info@lamcohomes.com

Address

Email Address

59567**HEATED SQ FT** _____**GARAGE SQ FT** _____

License #

Electrical Contractor InformationDescription of Work New Home Service Size: 200 Amps T-Pole: X Yes ___ NoIdeal Electric Inc.734-927-7440

Electrical Contractor's Company Name

Telephone

PO Box 969, Farmington MI 48332

Address

Email Address

27098-U

License #

Mechanical/HVAC Contractor InformationDescription of Work New HomeTotal Systems Heating & Cooling Inc910-436-3450

Mechanical Contractor's Company Name

Telephone

13341 NC Hwy 210Sservice@totalsystemsnc.com

Address

Email Address

36823

License #

Plumbing Contractor InformationDescription of Work New home # Baths _____Titan's Plumbing919-615-1947

Plumbing Contractor's Company Name

Telephone

PO Box 1045, Dunn NC 28335

Address

Email Address

34800

License #

Insulation Contractor InformationTri-City Insulation, 3154 Camden Rd Ste 1, Fayetteville NC 28306910-486-8855

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 _____ Owner X 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.

 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: _____