



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

**RESIDENTIAL BUILDING APPLICATION**

Site Address: 155 Nectar Ln, Bunnlevel, NC 28323 PIN: 0577-51-2220.000  
Owner: Lamco Custom Builders, LLC Phone: 919-307-4254 Email: lamco@llconstructiongroup-nc.com  
Description of Proposed Work: New Construction SFD Total Job Cost: 247,357.75

**GENERAL CONTRACTOR INFORMATION**

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

Lamco Custom Builders, LLC  
General Contractor's Company Name  
7424 Chapel Hill Rd, Suite 203, Raleigh NC 27607  
Address  
59567  
License #

919-307-4254  
Phone  
lamco@llconstructiongroup-nc.com  
Email

**ELECTRICAL CONTRACTOR INFORMATION**

Description of Work: New Construction  
Ideal Electric, Inc.  
Electrical Contractor's Company Name  
P.O. Box 969, Farmington, MI 48332  
Address  
27098-U  
License #

Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
(734) 927-7440  
Phone  
schedulingnc@idealelec.com  
Email

**MECHANICAL/HVAC CONTRACTOR INFORMATION**

Description of Work: New Construction  
Total Systems Heating & Cooling, Inc.  
Mechanical Contractor's Company Name  
13341 NC Hwy 210 S Spring Lake, NC 28390  
Address  
36823  
License #

(910) 436-3450  
Phone  
service@totalsystemsnc.com  
Email

**PLUMBING CONTRACTOR INFORMATION**

Description of Work: New Construction # of Fixtures: 8  
Titan's Plumbing  
Plumbing Contractor's Company Name  
PO Box 1045 Dunn, NC 28335  
Address  
34800  
License #

(919) 615-1947  
Phone  
business@titansplumbing.com  
Email

**INSULATION CONTRACTOR INFORMATION**

Tri-City Insulation  
Insulation Contractor's Company Name

(910) 486-8855  
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

Signed by:  


Signature of Owner/Contractor/Officer of Corporation

9/5/2025

Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

\_\_\_\_\_ General Contractor \_\_\_\_\_ Owner ☒ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:


\_\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

\_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signed by:  


Signature of Owner/Contractor/Officer of Corporation

9/5/2025

Date