



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 / Southern Touch Homes LLC Date: 10/7/2025
Site Address: 520 Sheriff Johnson Rd, Lillington Phone: 919-524-3354
Subdivision: N/A Lot: #2
Description of Proposed Work: New construction / single family home Total Job Cost: \$250,000

General Contractor Information

Southern Touch Homes, LLC. 919-524-3354
Building Contractor's Company Name Telephone
P.O. Box 2135 Angier, NC 27501 southerntouchhomesllc@gmail.com
Address Email Address
78270 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work electrical work Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
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 Contractor Information

Description of Work install HVAC
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 #

Plumbing Contractor Information

Description of Work install plumbing # 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 Information

Tri City Insulation 334 East Mtn. Dr. Fayetteville, NC 28306 910-486-8855
Insulation Contractor's Company Name & Address Telephone

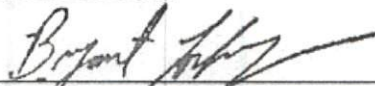
***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

strong roots • new growth



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

10/9/25
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

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

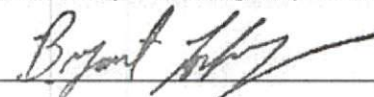
☐ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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:  /owner Date: 10/9/25