



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 10/16/2025

Site Address: 209 Nectar Ln, Bunnlevel, NC 28323 Phone 919-307-4254

Subdivision: Blackberry Manor Lot 75

Description of Proposed Work: New Construction SFD Total Job Cost 233,157.77

General Contractor Information

Lamco Custom Builders, LLC

919-307-4254

Building Contractor's Company Name

Telephone

237 International Dr, Morrisville, NC 27560

lamco@llconstructiongroup-nc.com

Address

Email Address

59567

HEATED SQ FT 1717.1

GARAGE SQ FT 489

License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: X Yes ___ No

Ideal Electric, Inc

734-927-7440

Electrical Contractor's Company Name

Telephone

P.O. Box 969, Farmington MI 48332

SCHEDULINGNC@IDEALELEC.COM

Address

Email Address

27098-U

License #

Mechanical/HVAC Contractor Information

Description of Work New Constrution

Total Systems Heating & Cooling, Inc.

910-436-3450

Mechanical Contractor's Company Name

Telephone

13341 NC Hwy 210 S Spring Lake, NC 28390

service@totalsystemsnc.com

Address

Email Address

36823

License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2

Titan's Plumbing

919-615-1947

Plumbing Contractor's Company Name

Telephone

PO Box 1045, Dunn NC 28335

BUSINESS@TITANPLUMBING.COM

Address

Email Address

34800

License #

Insulation Contractor Information

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.

Signed by:  10/16/2025
 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 ☒ 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:  President Date: 10/16/2025
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