

09/09/11

Application #

17-50042320

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 or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owner s Name Lamco Custom Builders, LLC Date _____

Site Address Lot 9, 14 Brookview Court Phone 919-935-9282

Directions to job site from Lillington take hwy 210 to hwy 55 in Angier turn right go 2.5 miles, then turn right onto old buis creek rd go 2 miles turn left in the creek subdivision

Subdivision The Creek Lot 9

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1440 Unheated SF 400 Finished Bonus Room? 36.9 Crawl Space Slab X

General Contractor Information

Lamco Custom Builders, LLC
Building Contractor s Company Name
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607
Address
59567
License # _____

919-307-4254
Telephone
lamcocustombuilders@gmail.com
Email Address

Electrical Contractor Information

Description of Work New Electrical Service Size _____ Amps T-Pole Yes No

JM Pope Electric, Inc
Electrical Contractor s Company Name
409 Chatham St, Sanford NC 27330
Address
21326L
License # _____

919-776-5144
Telephone
electricpope@windstream.net
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC

Total Systems Heating and Cooling, Inc
Mechanical Contractor s Company Name
13341 NC HWY 210 S, Spring Lake NC 28390
Address
28846
License # _____

910-436-3450
Telephone
parts@totalsystemsnc.com
Email Address

Plumbing Contractor Information

Description of Work New Construction # Baths 2.5

Heaton Construction
Plumbing Contractor s Company Name
309 Long Circle, Roanoke NC 27870
Address
29173
License # _____

252-535-4053
Telephone
email@heatonconstruction.com
Email Address

Insulation Contractor Information

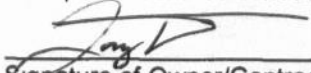
Tri-CityInsulation, 7204 Becky Circle, Raleigh NC
Insulation Contractor s Company Name & Address

919-369-4730
Telephone

***NOTE General Contractor 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

10/9/17

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

Company or Name Lamco Custom Builders, LLC

Sign w/Title  _____ Date 10/9/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 708686

Filed on: 08/23/2017

Initially filed by: Lamcocb2016

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

Lot 9 Brookview Ct The Creek Subdivision
7424 Chapel Hill Rd 203
Raleigh, NC 27607
NC County

Property Type

1-2 Family Dwelling

Date of First Furnishing

08/28/2017

Owner Information

Lamco Homes
7424 Chapel Hill Rd 203
Raleigh, NC 27607
United States
Email: Lamcoacctdept@gmail.com
Phone: 919-307-4254

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

Licenses Year

2017

Licenses No.

59567

North Carolina

Licensing Board for General Contractors

This is to Certify That:

Lamco Custom Builders, LLC
Raleigh, NC

is duly registered and entitled to practice

General Contracting

Limitation: Intermediate
Classification: Building

until

December 31, 2017

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2017

This certificate may not be altered.



Chairman

Secretary-Treasurer