Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # 17-50042321

Application for Residential Building and Trades Permit

Owner's Name Lamco Custom Builders, LLC	Date			
Site Address Lot 14, 28 Brookview Court	Phone 919-935-9282			
Directions to job site from Lillington take hwy 210 to hwy 55 in Angier turn right of	go 2.5 miles, then turn right onto old buis creek			
go 2 miles turn left in the creek subdivision				
Subdivision The Creek	Lot14			
	# of Bedrooms 3			
Heated SF 1446 Unheated SF 400 Finished Bonus Room? 1 General Contractor Information	25 Crawl Space Slab X			
Lamco Custom Builders, LLC	919-307-4254			
Building Contractor's Company Name	Telephone			
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607	_lamcocustombuilders@gmail.co			
Address 59567	Email Address			
License # Electrical Contractor Information	on.			
	Amps T-PoleYesN			
JM Pope Electric, Inc	919-776-5144			
Electrical Contractor's Company Name	Telephone			
409 Chatham St, Sanford NC 27330	electricpope@windstream.net			
Address	Email Address			
21326L				
License #				
Mechanical/HVAC Contractor Inform	nation			
Description of Work New Construction HVAC				
Total Systems Heating and Cooling, Inc	910-436-3450			
Mechanical Contractor's Company Name	Telephone			
13341 NC HWY 210 S, Spring Lake NC 28390	parts@totalsystemsnc.com			
Address	Email Address			
28846				
License #				
Plumbing Contractor Information	<u>n</u>			
Description of Work New Construction	_# Baths_2.5			
Heaton Construction	252-535-4053			
Plumbing Contractor's Company Name	Telephone			
309 Long Circle, Roanoke NC 27870	email@heatonconstruction.com			
Address	Email Address			
29173				
License #				
Insulation Contractor Information	<u>n</u>			
Tri-CityInsulation, 7204 Becky Circle, Raleigh NC	919-369-4730			
Insulation Contractor's Company Name & Address	Telephone			

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 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 Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover X 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 Lamco Custom Builders, LLC Company or Name

Sign w/Title

I hereby certify that I have the authority to make necessary application that the application is correct

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 708696

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

Property Type

Project Property

Lot 14, Brookview Ct

Angier, NC 27501 Harnett County County

Lot 14, Brookview Ct The Creek Subdivision

1-2 Family Dwelling

Owner Information

Lamco Homes 7424 Chapel Hill Rd 203 Raleigh, NC 27607 United States

Email: Lamcoacctdept@gmail.com

Phone: 919-307-4254

Date of First Furnishing

08/28/2017

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/16/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not comer rights	to the ce	rtificate holder in lieu of s	such endorsement(s	policies may s).	require an endorseme	nt. A s	tatement on
	DUCER			CONTACT NAME: Jack W	ingate			
ALLCHOICE Insurance			PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352					
7 C	orporate Center Ct Ste B					iceinsurance.com	. (000)	110 2002
Connections							NAIC#	
Greensboro NC 27408 INSURED			INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVEF					
Lamco Custom Builders, LLC 7424 Chapel Hill Rd Ste 203			INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME 1357				13579	
				INSURER C:				
				INSURER D:				
Poloigh				INSURER E :				
Raleigh COVERAGES CERT			NC 27607-5041	INSURER F:				
-		S OF INSI	E NUMBER:	AVE DEEN IOOUED T		REVISION NUMBER:		
CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERTAIN	THE INSURANCE AFFORM	N OF ANY CONTRAC	T OR OTHER	DOCUMENT WITH RESPI		
NSR LTR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP		- 18	
	X COMMERCIAL GENERAL LIABILITY	INSD WYD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	100	0.000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	\$ 1,00	
	333.					PREMISES (Ea occurrence)	\$ 100	
A			IG06A009701-02	07/24/2017	07/24/2018	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				0112 112010	GENERAL AGGREGATE	s 1,000,000 s 2,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,00	
	OTHER:					THOUSETS COMPTOR AGG	\$ 2,00	0,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	7-7-1
	ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS	18 18 1				BODILY INJURY (Per accident)	s	
-	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s	
				10.00		T. S. STORGER IV	s	
-	UMBRELLA LIAB OCCUR				2346	EACH OCCURRENCE	5	
-	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
-	DED RETENTION \$ NORKERS COMPENSATION	NS 101		1,000			s	
1	AND EMPLOYERS' LIABILITY	N/A 6JUB-0G172				X PER STATUTE OTH-		
B	OFFICER/MEMBER EXCLUDED?		6JUB-0G17274-3-15	07/16/2017	07/16/2018	E.L. EACH ACCIDENT	\$ 100,	000
10	Mandatory in NH) f yes, describe under	NH)			0171012010	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
-	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,	000
ESCF	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ile, may be attached if mor	re space is requir	ed)		130
ER	TIFICATE HOLDER			CANCELLATION				
	THORIETIOEDER			CANCELLATION				
Hamett County PO Box 65				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				

Altenbe Pear

2017

March Carmer

Lirenge Un.

59567

Tirensing Anard for General Co

This is to Certify That:

Lamco Custom Builders, LLC Raleigh, NC

is duly registered and entitled to practice

Ceneral Omntraction

Limitation: Intermediate Classification: Building

December 31, 2017

Witness nur hands and seal of the Bnard. mhen this Certificate expires. Bated, Raletyh, N.C. January 1, 2017