

09/09/11

Application #

17-50042948

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 58, 12 Belmont Ct, Lillington NC 27546 Phone 919-935-9282

Directions to job site from Lillington HWY 27 to Docs Rd (left) to Colnial Hills (right) to Kingston Dr (left) at the end of the street go right for Belmont Ct.

Subdivision Colonial Hills Lot 58

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1445 Unheated SF 409 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Lamco Custom Builders, LLC

919-307-4254

Building Contractor s Company Name

Telephone

7424 Chapel Hill Rd Ste 203, Raleigh NC 27607

lamcocustombuilders@gmail.com

Address

Email Address

59567

License #

Electrical Contractor Information

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

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 Information

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

Description of Work New Construction # Baths 2

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

Tri-City Insulation, 7204 Becky Circle, Raleigh NC

919-369-4730

Insulation Contractor s Company Name & Address

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

2/8/18

Date

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

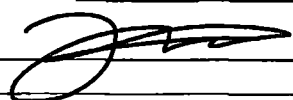
____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

Company or Name Lamco Custom Builders, LLC

Sign w/Title  _____ Date 2/8/18

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 771658

Filed on: 12/18/2017

Initially filed by: LamcoCb2016

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (http://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 (mailto:support@liensnc.com)**Project Property**Lot 58
12 Belmont Ct
Lillington, NC 27546
Harnett County**Property Type**

1-2 Family Dwelling

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.

Owner InformationLamco Custom Builders LLC
7424 Chapel Hill Rd 203
Raleigh, NC 27607
United States
Email: Lamcoacctdept@gmail.com
Phone: 919-307-4254**Date of First Furnishing**

12/22/2017

[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).

| | | | |
|--|--|--|---------------|
| PRODUCER ALLCHOICE Insurance 7 Corporate Center Ct Ste B Greensboro NC 27408 | | CONTACT NAME: Jack Wingate PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352 E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVER | NAIC # |
| | | INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME | 13579 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|---|-----------|----------|-------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | IG06A009701-02 | 07/24/2017 | 07/24/2018 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 6JUB-0G17274-3-15 | 07/16/2017 | 07/16/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | Y/N N/A <input checked="" type="checkbox"/> Y N/A | | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | | | |
|--|--|--|--|
| CERTIFICATE HOLDER | | CANCELLATION | |
| Harnett County PO Box 65 Lillington NC 27546 | | 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 | |

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License Year

2018

License 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, 2018

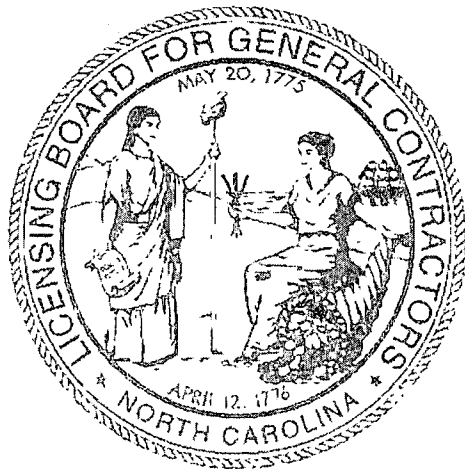
when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2018

This certificate may not be altered.




Chairman


Secretary-Treasurer