

09/09/11

Application #

17-50042950

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 60, 27 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 60

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1474 Unheated SF 447 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@totalsystemsn.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 #

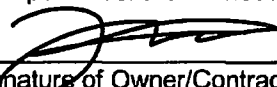
Insulation Contractor Information

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 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 2/8/18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 771644

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 (support@liensnc.com)

Project Property

Lot 60
~~28 Belmont Ct~~
Lillington, NC 27546
Harnett County

27 Belmont

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 Information

Lamco 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

Appointment of Lien Agent Related Filings Report

Appointment of Lien Agent

Filing Type	Appointment of Lien Agent 12/18/2017 Entry # 771644
Project Property	Lot 60 28 Belmont Ct Lillington, NC 27546 Harnett County
Owner	Lamco Custom Builders LLC 7424 Chapel Hill Rd 203, Raleigh, NC 27607 United States Phone: 919-307-4254 Lamcoacctdept@gmail.com
Related Filings?	Yes
Comments:	01/22/2018 by: Lamcocb2016 - Address Correction: Lot 60, 27 Belmont

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)

Filed By

'Lamcocb2016' on 12/18/2017

Property Type

1-2 Family Dwelling

Related Filings



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Jack Wingate</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (336) 540-0463</td> <td>FAX (A/C, No): (888) 446-2352</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVER</td> <td>NAIC #</td> </tr> <tr> <td>INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME</td> <td>13579</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	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:	
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:																					
INSURED Lamco Custom Builders, LLC 7424 Chapel Hill Rd Ste 203 Raleigh NC 27607-5041																					

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			IG06A009701-02	07/24/2017	07/24/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	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	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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																				
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						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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 \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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		Y/N Y N/A	6JUB-0G17274-3-15	07/16/2017	07/16/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td><input type="checkbox"/> OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
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 Harnett County PO Box 65 Lillington NC 27546	CANCELLATION 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
---	--

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

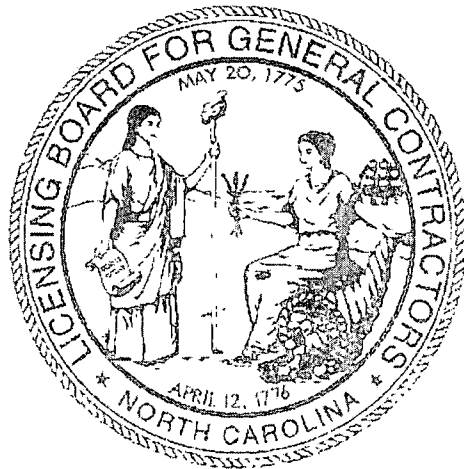
when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2018

This certificate may not be altered.




Chairman


Secretary-Treasurer