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 # 17-50042951

#### **Application for Residential Building and Trades Permit**

Owner's Name Lamco Custom Builders, LLC	Date				
Site Address Lot 64, 46 Tory 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.					
` <u> </u>					
Subdivision Colonial Hills	Lot 64				
Description of Proposed Work New Construction Home	# of Bedrooms 3				
Heated SF 1612 Unheated SF 417 Finished Bonus Room?	Crawl Space X Slab				
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 #					
Description of Work New Electrical Service Size					
•	Amps T-PoleYesNo				
JM Pope Electric, Inc Electrical Contractor's Company Name	919-776-5144 Telephone				
• •	•				
409 Chatham St, Sanford NC 27330  Address	electricpope@windstream.net Email Address				
21326L	Email Address				
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 Informatio	<u>n</u>				
Description of Work New Construction	_# Baths2				
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	nn				
,	<del>-</del>				
Tri-City Insulation, 7204 Becky Circle, Raleigh NC Insulation Contractor's Company Name & Address	919-369-4730 Telephone				
migricion contractor a company maine a manero	i diopilolio				

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 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

Company or Name Lamco Custom Builders. LLC

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 #: 771643

Filed on: 12/18/2017

Initially filed by: Lamcocb2016

#### Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com@merowww.legrasc.com

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (resultation) properties (senter.com)

#### **Project Property**

Lot 64: 46 Tory Ct 46 Tory 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 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

2018

# Forth Carolina

59567

## 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



December 31, 2018

when this Certificate expires. Witness our hands and seal of the Board. Dated, Kaleigh, N.C.

January 1, 2018

This certificate may not be altered.

Mr. Chairman

Have Wiesner Berriary-Treasurer





#### **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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjective services of the subjective services of the subjection of the subject of	t to t	he te	erms and conditions of t	he poli	icv, certain r	olicies may	NAL INSURED prequire an ende	provisions or l orsement. A s	be endorsed. statement on	
	DUCER	.O the	Cert	incate floider in fled of St	CONTA		<u>'</u>		<del></del>		
					NAME:	Jack VVII	ngate		EAY		
ALLCHOICE Insurance				PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352							
70	orporate Center Ct Ste B				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com						
_					INSURER(S) AFFORDING COVERAGE NAIC #						
Gre	ensboro			NC 27408	INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVEF						
INSURED					INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME					13579	
Lamco Custom Builders, LLC					INSURER C:						
7424 Chapel Hill Rd Ste 203					INSURER D:						
					INSURER E:						
	Raleigh			NC 27607-5041	INSURER F:						
COV	<del></del>	TIFIC	CATE	NUMBER:	INSURI	ERF:	<del></del>	DEVISION NUM	IDED.		
					WE BEI	EN ISSUED TO	THE INCLID	REVISION NUM	E FOR THE DO	VIOV BEDIOD	
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.									MALICH THIC		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
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Α				07/24/2017	07/24/2017	07/24/2018	PERSONAL & ADV II		00,000		
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	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT S	-	
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	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								1		
B	OFFICER/MEMBER EXCLUDED? Y	N/A		6JUB-0G17274-3-15		07/16/2017	07/16/2018	E.L. EACH ACCIDEN		<del>`</del>	
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA E			
	DESCRIPTION OF OPERATIONS below					·		E.L. DISEASE - POLI	CYLIMIT S 500	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	7 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
								•			
CER	TIFICATE HOLDER				CANO	ELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Harnett County							Y PROVISIONS.	.viee De De			
Harnett County											
PO Box 65 AUTHORIZED REPRESENTATIVE											
	Lillington			NC 27546							