

09/09/11

Application #

17-50042952

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 65, 56 Tory Ct, Lillington NC 27546 Phone 919-935-9282

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

Subdivision Colonial Hills Lot 65

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1416 Unheated SF 400 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  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 #: 771591

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) (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) (mailto:support@liensnc.com)**Project Property**Lot 65: 56 Tory Ct  
56 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](mailto:Lamcoacctdept@gmail.com)

Phone: 919-307-4254

**Date of First Furnishing**

12/18/2017

[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).

<b>PRODUCER</b> ALLCHOICE Insurance 7 Corporate Center Ct Ste B Greensboro NC 27408		<b>CONTACT NAME:</b> Jack Wingate <b>PHONE (A/C, No, Ext):</b> (336) 540-0463 <b>E-MAIL ADDRESS:</b> jack.wingate@allchoiceinsurance.com <b>FAX (A/C, No):</b> (888) 446-2352	
<b>INSURED</b> Lamco Custom Builders, LLC 7424 Chapel Hill Rd Ste 203 Raleigh NC 27607-5041		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> INTERNATIONAL INSURANCE CO OF HANNOVER <b>INSURER B:</b> TRAVELERS PROPERTY CASUALTY CO OF AME <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 13579	

**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	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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A			6JUB-0G17274-3-15	07/16/2017	07/16/2018

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

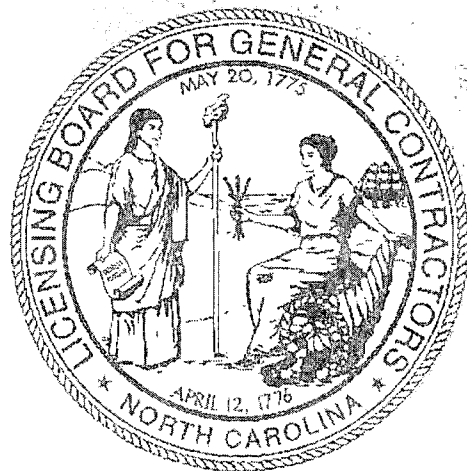
when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2018

This certificate may not be altered.



Chairman

Secretary-Treasurer