1850043268

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 2, 76 Southern Place	Phone 919-935-9282					
Directions to job site from Lillington Take NC-27 W to Norrington Rd to	urn left onto Norrington Rd					
take that to Clark rd turn right, take that to Southern Place turn left.						

Subdivision _ Currin Plantation	Lot 2					
Description of Proposed Work New Construction Home						
Heated SF 1603 Unheated SF 409 Finished Bonus Room?						
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						
	Amps T-PoleYesNo					
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	ation					
	ation					
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					
A & M Contractors, Inc	910-652-6230					
Plumbing Contractor's Company Name	Telephone					
PO Box 1020, Ellerbe NC 28338						
Address	Email Address					
28648						
License # Insulation Contractor Informatio	n					
Tri-City Insulation, 7204 Becky Circle, Raleigh NC	919-369-4730 Talanhana					
Insulation Contractor's Company Name & Address	Telephone					

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

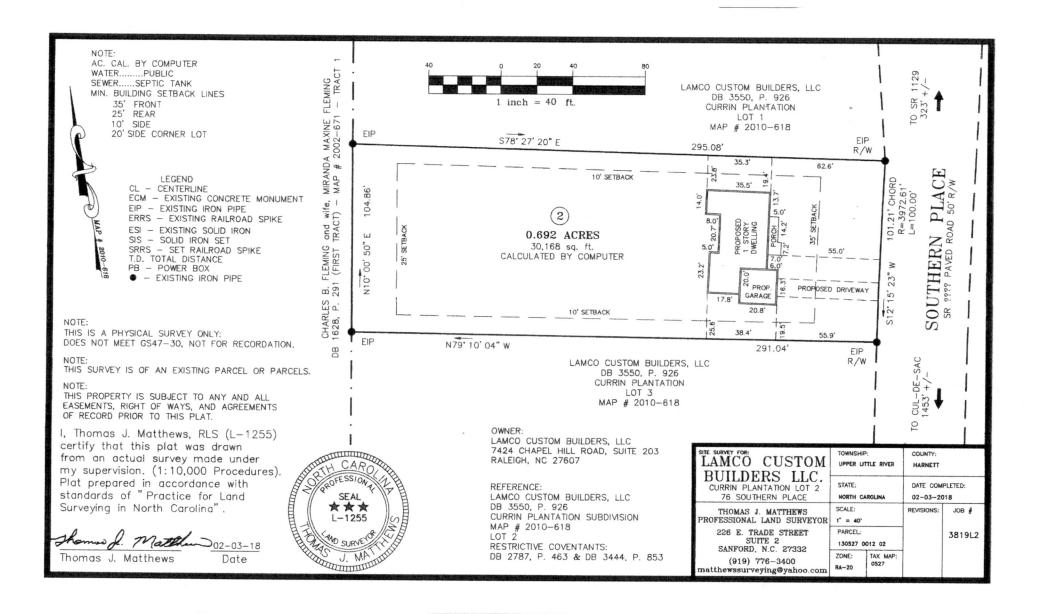
any and all changes EXPIRED REPMIT FEES: 6 Months to 2 years permit to request for a \$150.00. After 2 years to request for					
EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule					
Signature of Owner/Contractor/Officer(s) of Corporation 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/TitleDate					

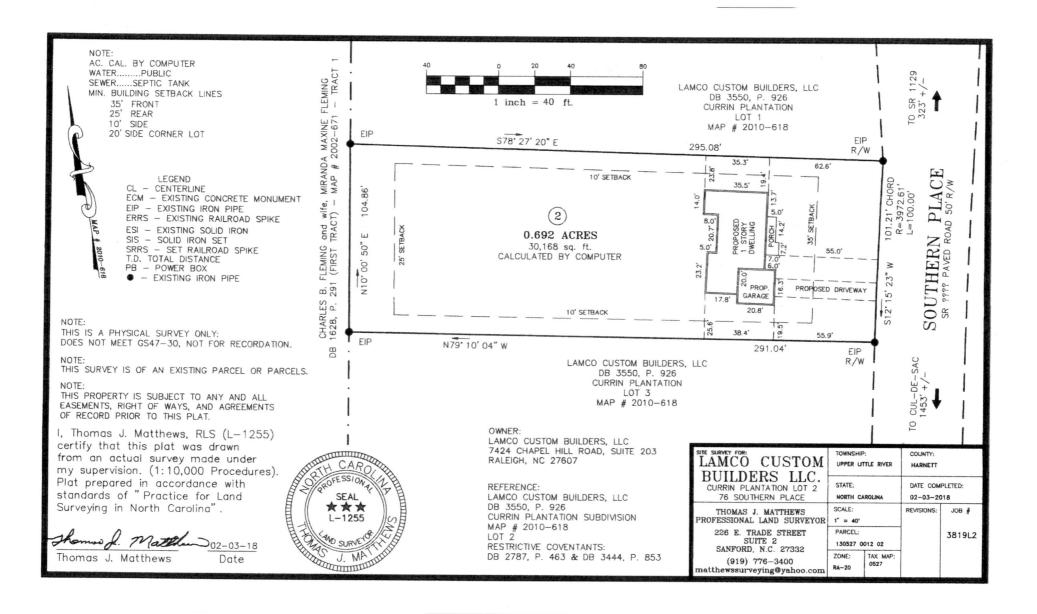
Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure:	wner (s) of Structure: Lamco Custom Builders LLC Phone: 919-307-4254							
Owner (s) Mailing Addre	ess: 7424 Chapel Hill Rd Suite 203							
	Raleigh NC 27607							
Land Owner Name (s):	Lamco Custom Builders LLC	Phone: 919-307-4254						
	dress: Lot 2, 76 Southern Place							
PIN # Parcel # 130527 0012 02								
Job Cost: 5000.00	_Description of Work to be done_Ne	w home construction sprinkler system						
Mechanical: New Unit	With Ductwork New Unit With	out Ductwork Gas Piping Other						
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number								
Plumbing: Water/S	Sewer Tap Number of Bath	ns 2 Water Heater						
Specific Directions to Jo Take NC-27 W to Norringt Place turn left.	<u>b from Lillington</u> : on Rd Turn left onto Norrington Rd tak	e that to Clark Rd turn right, take that to Southern						
Subdivision: Currin Plant	ation	Lot #: 2						
Phoenix Fire Protection (Contractors Na	will provide the sprinkler sys	tem install labor on this structure.						
I am the building owner	or my NC state license number is	13628 , which entitles me to						
perform such work on the above structure legally. All work shall comply with the State Building Code and all								
other applicable State a	nd local laws, ordinances and regu	lations.						
Phoenix Fire Protection		919-774-3042						
Contractor's Company N		Telephone						
2863 Lee Ave, Sanford NO	27330							
Address 13628		Email Address						
License #								
Structure Owner / Contra	actor Signature:	Date: 5/00/18						

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.







CERTIFICATE OF LIABILITY INSURANCE

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).

t	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUC	ER				CONTA NAME:	Jack VVII				
AL	LCH	HOICE Insurance				PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352					
7 (Corp	orate Center Ct Ste B				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com					
						The state of the s					NAIC #
Gr	eens	sboro			NC 27408	INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVER				NOVEF	
INS	JRED)									13579
1		Lamco Custom Builders, LLC	С			INSURER C:					
		7424 Chapel Hill Rd Ste 203				INSURER D :					
							INSURER E :				
		Raleigh			NC 27607-5041	INSURER F:					
CO	VEF	RAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
Т	HIS	IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HA	VE BEE	EN ISSUED TO	THE INSUR	ED NAMED ABOVE FOR	THE PO	LICY PERIOD
11	IDIC	CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY	EQUI	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	СТ ТО	WHICH THIS
		USIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	· ·	
LIK	X		INSU	WVD	FOLICT NUMBER		(WIWI/DD/TTTT)	(MM/DD/TTTT)	EACH OCCURRENCE	s 1,00	20,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	s 100	
		CLAIMS-MADE // OCCOR			¥				PREMISES (Ea occurrence)	s 5.00	,
A	-				IG06A009701-02		07/24/2017	07/24/2018	MED EXP (Any one person)	s 1,00	
	CE				1000/1003701-02		0112412011	0772472018		-	
	X	PRO-							GENERAL AGGREGATE	\$ 2,00	
	^	3201							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
-	AU	OTHER:		_					COMBINED SINGLE LIMIT	\$	
	-	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	\vdash	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	-	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		
	-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
-	-	UMBRELLA LIAB OCCUR	-							\$	
	-	- CCCOR							EACH OCCURRENCE	\$	
	-	CEATWIS-WADE	1						AGGREGATE	\$	
_	wor	DED RETENTION \$	-	-					✓ PER OTH-	\$	
	AND	ND EMPLOYERS' LIABILITY Y / N							↑ STATUTE ER	100	
В	OFF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A		6JUB-0G17274-3-15		07/16/2017	07/16/2018	E.L. EACH ACCIDENT	\$ 100	,
	If ve	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below		-	-					E.L. DISEASE - POLICY LIMIT	\$ 500	,000
							2				
DEC	CDID	TION OF OPERATIONS / LOCATIONS / VEHIC	156 (10000	404 Additional Demands Oaks de						
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)		
CE	KIIF	FICATE HOLDER				CANC	ELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						ED BEFORE				
				THE	EXPIRATION	DATE THE	EREOF, NOTICE WILL				
Harnett County			ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
	PO Pay 65										
	AUTHORIZED REPRESENTATIVE										
		Lillington			NC 27546						

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 786818

Filed on: 01/22/2018

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

Currin Plantation, Lot 2, 76 Southern Place Lot 2, 76 Southern Place 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

01/22/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

2018

North 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

ıntil

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

C. frank Wiesner

