

09/09/11

Application #

1850043269

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 3 , 96 Southern Place Phone 919-935-9282

Directions to job site from Lillington Take NC-27 W to Norrington Rd turn left onto Norrington Rd take that to Clark rd turn right, take that to Southern Place turn left.

Subdivision Currin Plantation Lot 3

Description of Proposed Work New Construction Home # of Bedrooms 3

Heated SF 1597 Unheated SF 407 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Lamco Custom Builders, LLC
Building Contractor s Company Name
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607
Address
59567
License # _____

919-307-4254
Telephone
lamcocustombuilders@gmail.com
Email Address

Electrical Contractor Information

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

JM Pope Electric, Inc
Electrical Contractor s Company Name
409 Chatham St, Sanford NC 27330
Address
21326L
License # _____

919-776-5144
Telephone
electricpope@windstream.net
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC

Total Systems Heating and Cooling, Inc
Mechanical Contractor s Company Name
13341 NC HWY 210 S, Spring Lake NC 28390
Address
28846
License # _____

910-436-3450
Telephone
parts@totalsystemsnc.com
Email Address

Plumbing Contractor Information

Description of Work New Construction # Baths 2

A & M Contractors, Inc
Plumbing Contractor s Company Name
PO Box 1020, Ellerbe NC 28338
Address
28648
License # _____

910-652-6230
Telephone

Email Address

Insulation Contractor Information


Tri-City Insulation, 7204 Becky Circle, Raleigh NC
Insulation Contractor s Company Name & Address

919-369-4730
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

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



Tony Toro, VP of Construction

Date

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: Lamco Custom Builders LLC Phone: 919-307-4254

Owner (s) Mailing Address: 7424 Chapel Hill Rd Suite 203
Raleigh NC 27607

Land Owner Name (s): Lamco Custom Builders LLC Phone: 919-307-4254

Construction or Site Address: Lot 3, 96 Southern Place

PIN # _____ Parcel # 130527 0012 03

Job Cost: 5000.00 Description of Work to be done New home construction sprinkler system

Mechanical: New Unit With Ductwork ___ New Unit Without 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/Sewer Tap ___ Number of Baths 2 Water Heater ___

Specific Directions to Job from Lillington:
Take NC-27 W to Norrington Rd Turn left onto Norrington Rd take that to Clark Rd turn right, take that to Southern
Place turn left.

Subdivision: Currin Plantation Lot #: 3

I Phoenix Fire Protection will provide the sprinkler system install labor on this structure.
(Contractors Name) (Trade)

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 and local laws, ordinances and regulations.

Phoenix Fire Protection 919-774-3042
Contractor's Company Name Telephone
2863 Lee Ave, Sanford NC 27330
Address Email Address
13628
License #

Structure Owner / Contractor Signature:  Date: 3/20/18

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.

***Company name, address, & phone must match information on license**

NOTE:
 AC. CAL. BY COMPUTER
 WATER.....PUBLIC
 SEWER.....SEPTIC TANK
 MIN. BUILDING SETBACK LINES
 35' FRONT
 25' REAR
 10' SIDE
 20' SIDE CORNER LOT

LEGEND
 CL - CENTERLINE
 ECM - EXISTING CONCRETE MONUMENT
 EIP - EXISTING IRON PIPE
 ERRS - EXISTING RAILROAD SPIKE
 ESI - EXISTING SOLID IRON
 SIS - SOLID IRON SET
 SRRS - SET RAILROAD SPIKE
 T.D. TOTAL DISTANCE
 PB - POWER BOX
 ● - EXISTING IRON PIPE

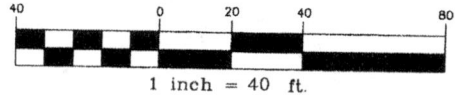
NOTE:
 THIS IS A PHYSICAL SURVEY ONLY:
 DOES NOT MEET GS47-30, NOT FOR RECORDATION.

NOTE:
 THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS.

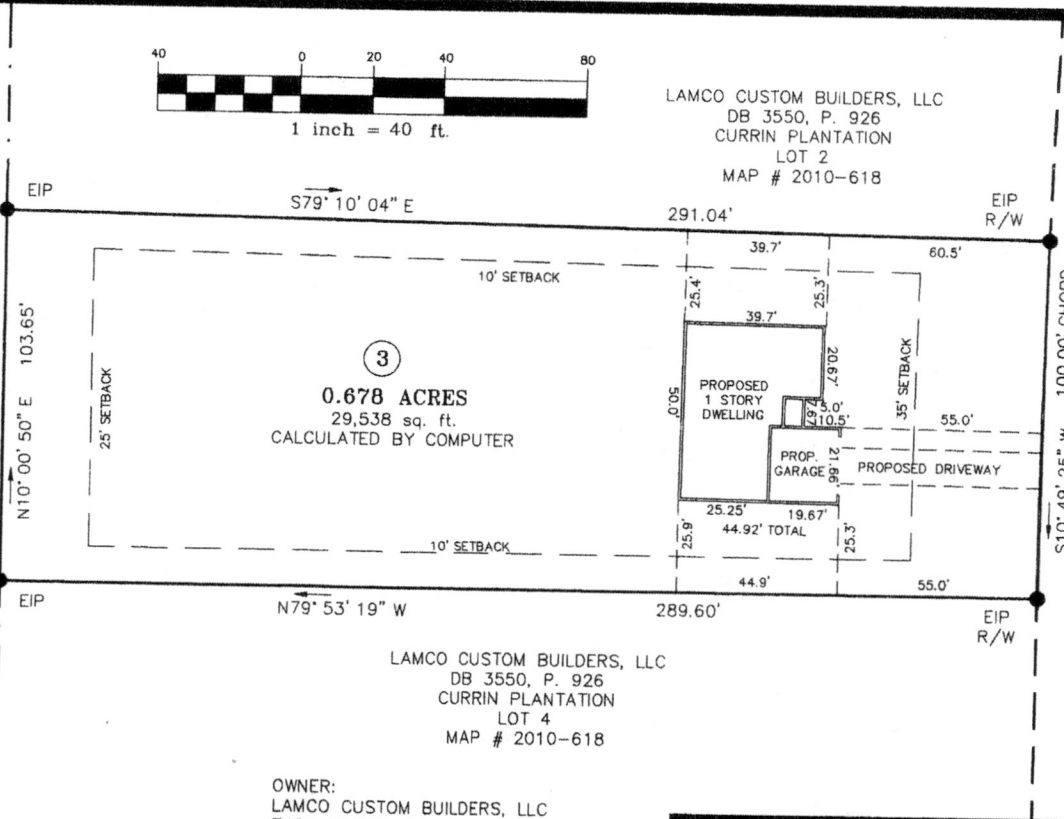
NOTE:
 THIS PROPERTY IS SUBJECT TO ANY AND ALL
 EASEMENTS, RIGHT OF WAYS, AND AGREEMENTS
 OF RECORD PRIOR TO THIS PLAT.

I, Thomas J. Matthews, RLS (L-1255)
 certify that this plat was drawn
 from an actual survey made under
 my supervision. (1:10,000 Procedures).
 Plat prepared in accordance with
 standards of "Practice for Land
 Surveying in North Carolina".

Thomas J. Matthews 02-03-18
 Thomas J. Matthews Date



CHARLES B. FLEMING and wife, MIRANDA MAXINE FLEMING
 DB 1628, P. 291 (FIRST TRACT) - MAP # 2002-671 - TRACT 1



LAMCO CUSTOM BUILDERS, LLC
 DB 3550, P. 926
 CURRIN PLANTATION
 LOT 2
 MAP # 2010-618

LAMCO CUSTOM BUILDERS, LLC
 DB 3550, P. 926
 CURRIN PLANTATION
 LOT 4
 MAP # 2010-618

OWNER:
 LAMCO CUSTOM BUILDERS, LLC
 7424 CHAPEL HILL ROAD, SUITE 203
 RALEIGH, NC 27607

REFERENCE:
 LAMCO CUSTOM BUILDERS, LLC
 DB 3550, P. 926
 CURRIN PLANTATION SUBDIVISION
 MAP # 2010-618
 LOT 3
 RESTRICTIVE COVENANTS:
 DB 2787, P. 463 & DB 3444, P. 853

TO SR 1129
 424' +/-

SOUTHERN PLACE
 SR ??? PAVED ROAD 50' R/W
 TO CUI-DE-SAC
 1353' +/-

SITE SURVEY FOR: LAMCO CUSTOM BUILDERS LLC. CURRIN PLANTATION LOT 3 96 SOUTHERN PLACE		TOWNSHIP: UPPER LITTLE RIVER	COUNTY: HARNETT
THOMAS J. MATTHEWS PROFESSIONAL LAND SURVEYOR 226 E. TRADE STREET SUITE 2 SANFORD, N.C. 27332 (919) 776-3400 matthewssurveying@yahoo.com		STATE: NORTH CAROLINA	DATE COMPLETED: 02-03-2018
SCALE: 1" = 40'	REVISIONS:	JOB # 3819L3	
PARCEL: 130527 0012 03	ZONE: RA-20	TAX MAP: 0527	

NOTE:
 AC. CAL. BY COMPUTER
 WATER.....PUBLIC
 SEWER.....SEPTIC TANK
 MIN. BUILDING SETBACK LINES
 35' FRONT
 25' REAR
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 20' SIDE CORNER LOT

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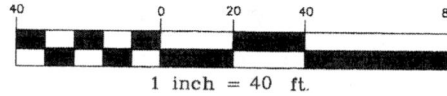
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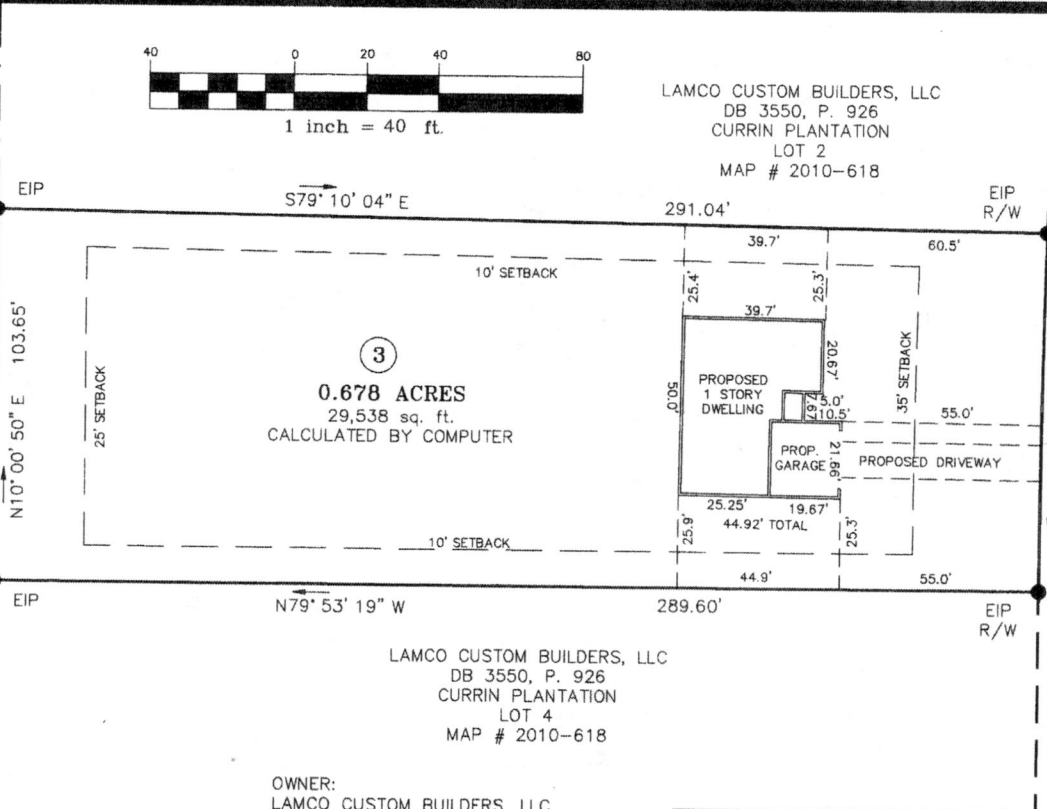
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SCALE: 1" = 40'	PARCEL: 130527 0012 03	REVISIONS:	JOB # 3819L3
ZONE: RA-20	TAX MAP: 0527		



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		CONTACT NAME: Jack Wingate	
ALLCHOICE Insurance		PHONE (A/C, No, Ext): (336) 540-0463	FAX (A/C, No): (888) 446-2352
7 Corporate Center Ct Ste B		E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com	
Greensboro NC 27408		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 <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 \$
	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 <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N	N/A	6JUB-0G17274-3-15	07/16/2017	07/16/2018	<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	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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DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 786837

Filed on: 01/22/2018

Initially filed by: Lamcocb2016

Designated Lien Agent

Fidelity National Title Company, LLC

Online: 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

Project Property

Currin Plantation, Lot 3, 96 Southern Place
Lot 3, 96 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

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