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 # 1850043271

Application for Residential Building and Trades Permit

Owner's Name Lamco Custom Builders, LLC	Date			
Site Address Lot 5, 134 Southern Place, Lillington	Phone 919-935-9282			
Directions to job site from Lillington Take NC-27 W to Norrington F				
take that to Clark rd turn right, take that to Southern Place turn le				
Subdivision Currin Plantation	Lot _5			
Description of Proposed Work New Construction Home	# of Bedrooms 3			
Heated SF 1717 Unheated SF 447 Finished Bonus Room? General Contractor Informat				
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 Informa				
	eAmps 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 Info	ormation			
Description of Work New Construction HVAC	- Thatien			
	2010 100 0150			
Total Systems Heating and Cooling, Inc Mechanical Contractor's Company Name	910-436-3450 Telephone			
13341 NC HWY 210 S, Spring Lake NC 28390	parts@totalsystemsnc.com Email Address			
Address	Email Address			
28846 License #				
Plumbing Contractor Informa	ition			
Description of Work New Construction	# Baths 2			
A & M Contractors, Inc				
Plumbing Contractor's Company Name	910-652-6230 Telephone			
PO Box 1020, Ellerbe NC 28338	relephone			
Address	Email Address			
28648				
License #				
Insulation Contractor Informa	<u>ition</u>			
Tri-City Insulation, 7204 Becky Circle, Raleigh NC	919-369-4730			
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.

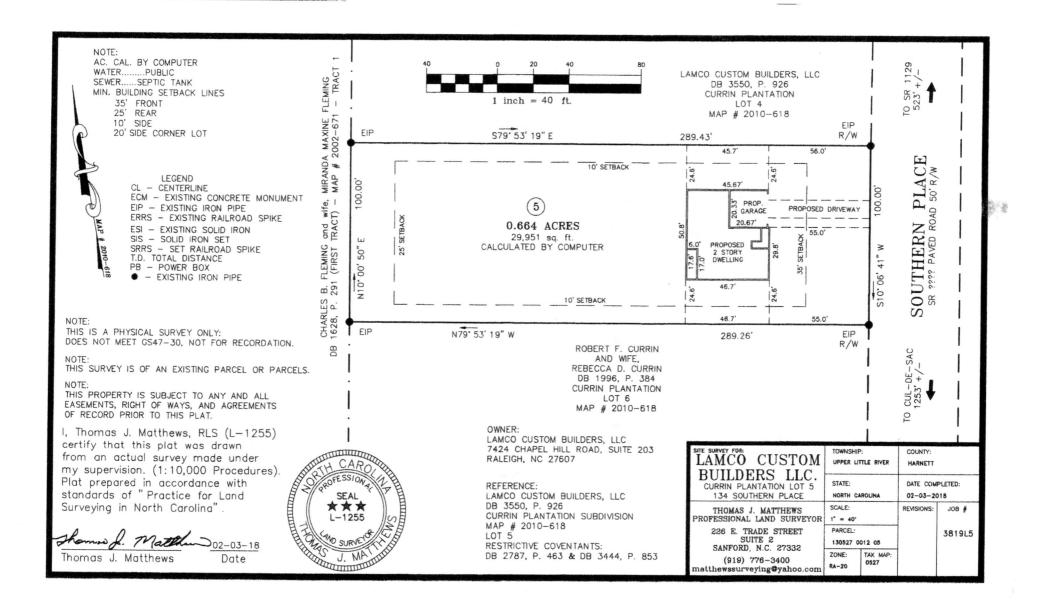
any and all changes EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Owner 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 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 Tony Toro, VP of Construction Sian w/Title

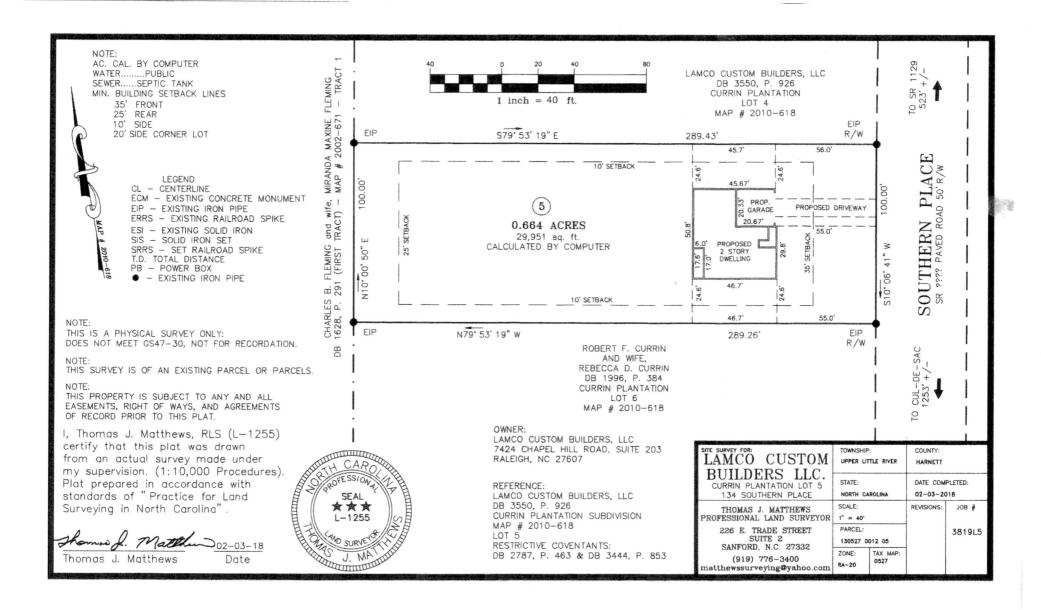
Harnett County Central Permitting

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 Addre	ess: 7424 Chapel Hill Rd Suite 203		_					
, ,	Raleigh NC 27607		_					
Land Owner Name (s):	Lamco Custom Builders LLC	Phone: 919-307-4254	Phone: 919-307-4254					
	dress: Lot 5, 134 Southern Place		_					
PIN # Parcel # 130527 0012 05								
		ew home construction sprinkler system	_					
Mechanical: New Unit	With Ductwork New Unit With	hout Ductwork Gas Piping Other						
Electrical*: 200 Amp * For Pro	<200 Amp Service Chang gress Energy customers we need t	ge Service Reconnect Other the premise number						
Plumbing: Water/S	Sewer Tap Number of Bat	hs ² Water Heater						
Specific Directions to Jo Take NC-27 W to Norring Place turn left.	ob from Lillington: ton Rd Turn left onto Norrington Rd tak	se that to Clark Rd turn right, take that to Southern	_					
Subdivision: Currin Plant	tation	Lot #: 5	_					
		stem install labor on this structure. (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								
	nd local laws, ordinances and regu		ı alı					
Phoenix Fire Protection		919-774-3042						
Contractor's Company N	Name	Telephone	_					
2863 Lee Ave, Sanford NO	27330		_					
Address 13628		Email Address						
License #	-							
Structure Owner / Contr	actor Signature:	Date: 3/20	118					

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

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.

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

	is certificate does not confer rights t	o the	cert	ificate holder in lieu of si).		
PRO	DUCER				CONTA NAME:	Jack VVII	ngate		
AL	CHOICE Insurance				PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352				
7 0	orporate Center Ct Ste B				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com				
					ADDICE			RDING COVERAGE	
Gre	eensboro			NC 27408	INC. ID		- '		NAIC #
INSU				140 27400	INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVEF				
					INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME 13579				
	Lamco Custom Builders, LLC				INSUR	ERC:			
	7424 Chapel Hill Rd Ste 203				INSURER D:				
						INSURER E:			
	Raleigh	NC 27607-5041			INSURER F:				
_				NUMBER:				REVISION NUMBER:	
TI	HIS IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HA	VE BE	EN ISSUED TO	THE INSUR	ED NAMED ABOVE FOR THE PO	LICY PERIOD
C	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	SUBR			POLICY EFF	POLICY EXP		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	00.000
								DAMAGE TO RENTED	00,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 100	,000
								MED EXP (Any one person) \$ 5,00	30
Α				IG06A009701-02		07/24/2017	07/24/2018	PERSONAL & ADV INJURY \$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00	00,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,00	00,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$	
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	
-	UMBRELLA LIAB OCCUP	-						\$	
	- Joseph Godon							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A 6.JUB-0G17274-3-15		6 II ID 0C17074 2 15		07/40/0047	07/40/0040	E.L. EACH ACCIDENT \$ 100	,000
В	(Mandatory in NH)	N/A		6JUB-0G17274-3-15		07/16/2017	07/16/2018	E.L. DISEASE - EA EMPLOYEE \$ 100	.000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500	
								The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101. Additional Remarks Schedu	le may h	e attached if mor	o snace is requir	rad)	
	The second secon			, / washerias / william to ovilledu	, may b	o atmoneu ii iiloi	o opace is requir		
CEF	TIFICATE HOLDER				CANC	ELLATION			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
Harrist Occurs			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Harnett County		ASSOCIATION THE FOLIOT PROVISIONS.							
PO Box 65			AUTHORIZED REPRESENTATIVE						
	Lillington			NC 27546					

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 786819

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 @uito support@ticm.oc.co

Project Property

Currin Plantation, Lot 5, 134 Southern Place Lot 5, 134 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

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

until

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.

Chairman

C. Frank Wiesner

