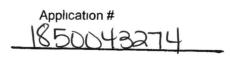
Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits



Application for Residential Building and Trades Permit

Owner's Name Lamco Custom Builders, LLC	Date				
Site Address Lot 37, 75 Southern Place, Lillington	Phone 919-935-9282				
Directions to job site from Lillington Take NC-27 W to Norrington Rd turn					
take that to Clark rd turn right, take that to Southern Place turn left.					
Subdivision Currin Plantation	Lot 37				
Description of Proposed Work New Construction Home					
Heated SF 1837 Unheated SF 427 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					
	Amps T-PoleYesNo				
JM Pope Electric, Inc	919-776-5144 Talanhara				
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				
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					
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

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

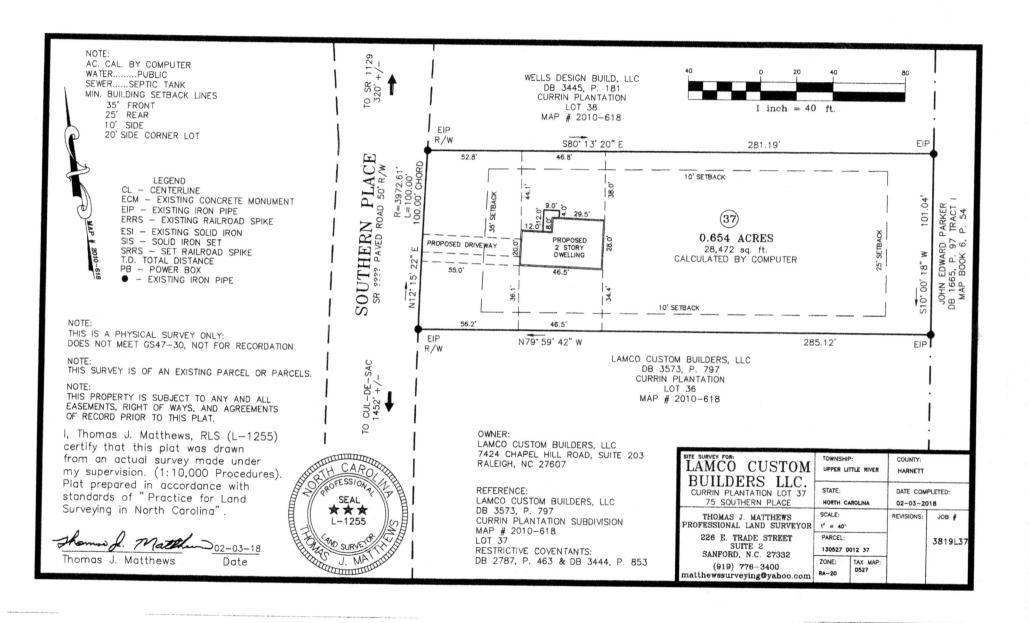
Signature of Owner/Contractor/Officer(s) of Corporation Date							
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the							
General Contractor Owner X Officer/Agent of the Contractor or Owner							
Do hereby confirm under penalties of perjury that the person(s) firm(s) 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/Title							

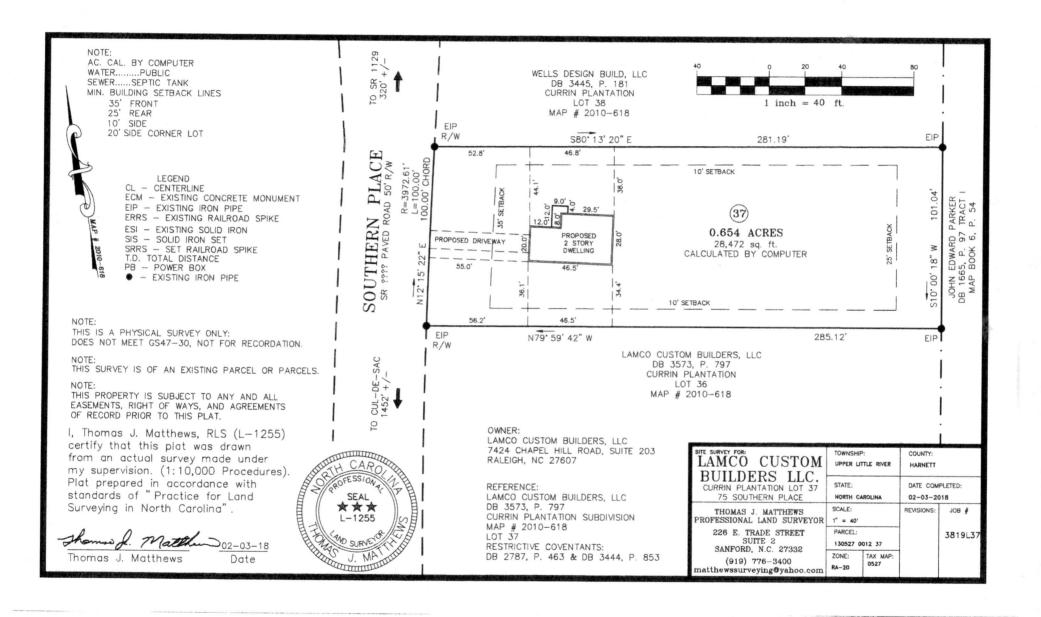
Application # ¹⁸⁵⁰⁰⁴³²⁷⁴	
-------------------------------------	--

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	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	_					
	dress: Lot 37, 75 Southern Place							
PIN # Parcel # ¹³⁰⁵²⁷ 0012 37								
	_Description of Work to be done_New ho							
Mechanical: New Unit	With Ductwork New Unit Without	Ductwork Gas Piping _	Other					
	<200 Amp Service Change _ gress Energy customers we need the p		Other					
Plumbing: Water/S	Plumbing: Water/Sewer Tap Number of Baths 2.5 Water Heater							
Specific Directions to Jo Take NC-27 W to Norringt Place turn left.	ob from Lillington: on Rd Turn left onto Norrington Rd take the	at to Clark Rd turn right, take tha	t to Southern					
Subdivision: Currin Plant	ation	Lot #: 37						
Phoenix Fire Protection (Contractors Na	will provide the sprinkler system	install labor on this s	structure.					
I am the building owner	or my NC state license number is 1362	28, which entit	les me to					
perform such work on th	ne above structure legally. All work sha	all comply with the State Build	ling Code and all					
other applicable State a	nd local laws, ordinances and regulation	ons.						
Phoenix Fire Protection		919-774-3042						
Contractor's Company N	Name	Telephone						
2863 Lee Ave., Sanford N	C 27330							
Address		Email Address						
13628 License #	-							
LIGHISC #								
Structure Owner / Contra	actor 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.





DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 786846

Filed on: 01/22/2018

Initially filed by: Lamcocb2016

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com data to was become total

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

27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@liensnc.com - mailto support@liensuc.com

Project Property

Currin Plantation, Lot 37, 75 Southern Place Lot 37, 75 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



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 require the certificate does not require an endorsement.

t	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRO	DUCER				CONTA NAME:	CT Jack Wi	ngate			
AL	LCHOICE Insurance				PHONE (A/C, No	o, Ext): (336)	540-0463	FAX (A/C, No):	888) 4	146-2352
7 (Corporate Center Ct Ste B				E-MAIL ADDRE			ceinsurance.com		
										NAIC #
Gr	eensboro			NC 27408	INSURE	RA: INTERI	NATIONAL IN	ISURANCE CO OF HANNO	VEF	
INS	JRED				INSURE	RB: TRAVE	LERS PROP	ERTY CASUALTY CO OF A	ME	13579
	Lamco Custom Builders, LLC				INSURE	RC:				
	7424 Chapel Hill Rd Ste 203	}			INSURE	RD:				
					INSURE	RE:				
	Raleigh			NC 27607-5041	INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
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		ADDL	SUBR		7	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
	X COMMERCIAL GENERAL LIABILITY	IIVSD	1170	, ociot nomber		(MINI/DUITTT)	(MM/DD/YYYY)		1,000	0.000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		
								Triamozo (za ocoaronoc)	5,000	
Α				IG06A009701-02		07/24/2017	07/24/2018	1	1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						0112112010		2.000	
	X POLICY PRO- JECT LOC								2,000	
	OTHER:							\$	2,000	5,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
	No rec entr							(Fer accident)		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION\$					\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				9	X PER OTH-			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			6JUB-0G17274-3-15		07/16/2017	07/16/2018	E.L. EACH ACCIDENT \$	\$ 100,000	
	(Mandatory in NH)			0000-0017274-3-13		0771072017	07/10/2016	E.L. DISEASE - EA EMPLOYEE \$	s 100,000	
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,0	000
DES	CRIPTION OF OPERATIONS // OCCUPIONS	F6 :		444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CFF	RTIFICATE HOLDER				CANC	ELLATION				
					CANC	LLLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
THE EXPIRATION DATE THEREOF, NOTICE WILL BE I				DEL	IVERED IN					
Harnett County ACCORDANCE WITH THE POLICY PROVISIONS.										
	PO Box 65 AUTHORIZED REPRESENTATIVE									
	Lillington			NC 27546						

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

lituu

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. Have Wiesner

