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 # 18500 4327 6

Application for Residential Building and Trades Permit

Owner's Name Lamco Custom Builders, LLC	Date
Site Address Lot 40, 15 Southern Place	Phone 919-935-9282
Directions to job site from Lillington Take NC-27 W to Norrington Ro	d turn left onto Norrington Rd
take that to Clark rd turn right, take that to Southern Place turn	
Subdivision Currin Plantation	Lot 40
Description of Proposed Work New Construction Home	# of Bedrooms 3
Heated SF 1717 Unheated SF 447 Finished Bonus Room General Contractor Information	n² Crawl Space Slab atıon
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 Inform	
	SizeAmps 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 In	formation
	TOTTICALIST
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 Inform	nation
Description of Work New Construction	
	# Baths
A & M Contractors, Inc	910-652-6230 Talanhana
Plumbing Contractor's Company Name	Telephone
PO Box 1020, Ellerbe NC 28338	Email Address
Address	Email Address
28648 License #	
Insulation Contractor Inform	nation
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

		5/21	118
Signature of wner/Contractor/Officer(s) of Corporation	Date		1.

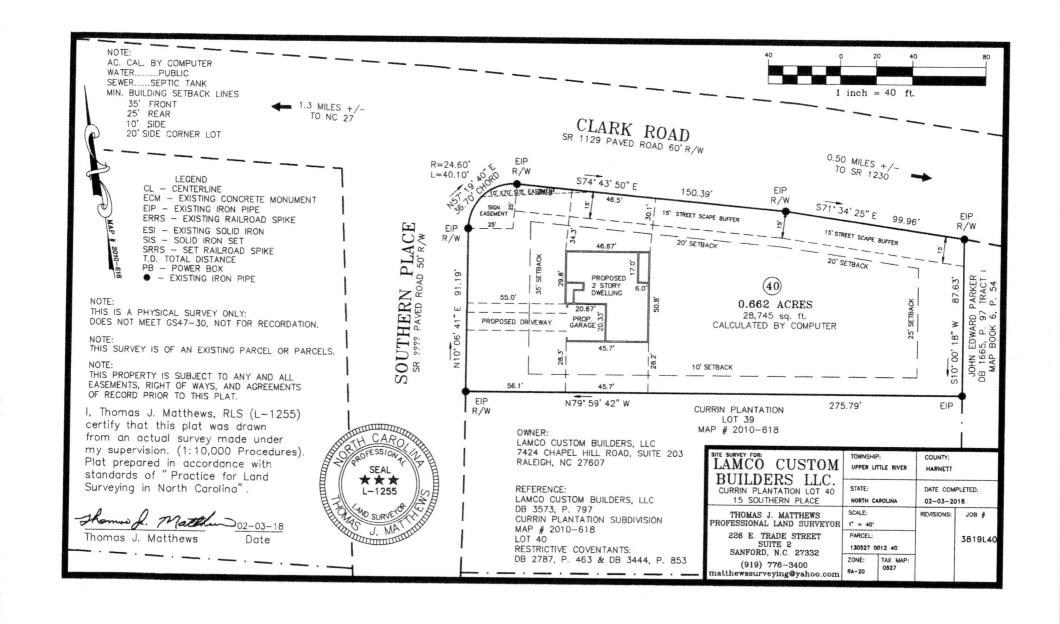
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the						
General Contractor Owner _X Officer/Agent of the Contractor or Owner						
Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit						
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						
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance						
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 3/2/1/8						

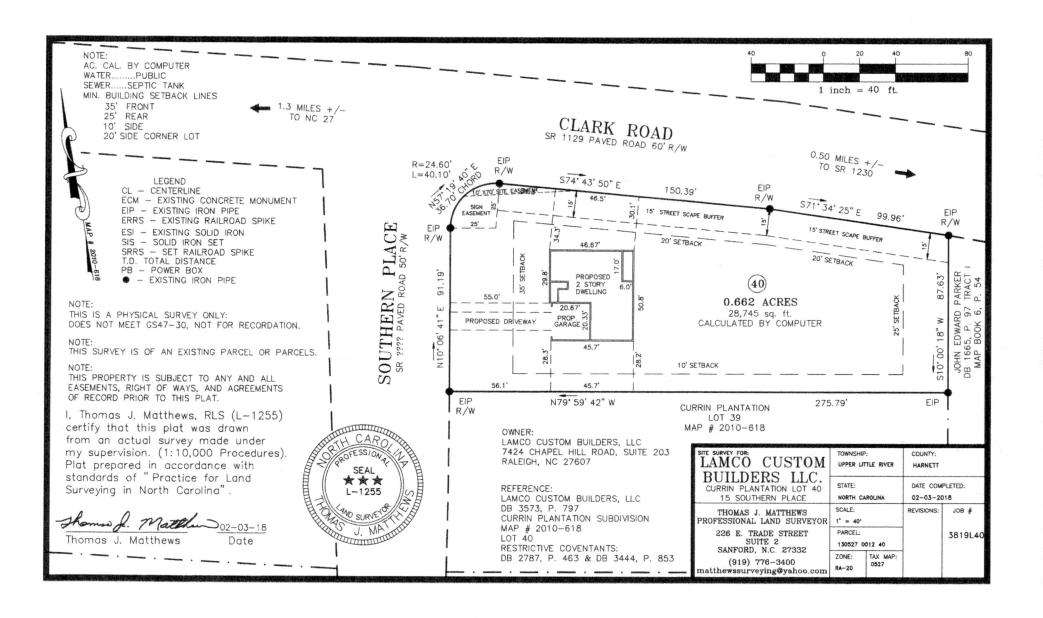
Harnett County Central Permitting

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 Addr	ess: 7424 Chapel Hill Rd Suite 203							
, ,	Raleigh NC 27607							
Land Owner Name (s):	Lamco Custom Builders LLC	Phone: 919-307-4254						
	dress: Lot 40, 15 Southern Place							
PIN # Parcel # _130527 0012 40								
	_Description of Work to be done New							
Mechanical: New Uni	t With Ductwork New Unit Witho	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/	Sewer Tap Number of Baths	s ² Water Heater						
Place turn left	ton Rd Turn left onto Norrington Rd take	that to Clark Rd turn right, take that to Southern Lot #: 1						
		em install labor on this structure. (Trade)						
I am the building owner	or my NC state license number is 1:	3628 , which entitles me to						
perform such work on the	ne above structure legally. All work s	shall comply with the State Building Code and a						
other applicable State a	and local laws, ordinances and regula	ations.						
Phoenix Fire Protection		919-774-3042						
Contractor's Company	Name	Telephone						
2863 Lee Ave								
Address		Email Address						
13628 License #	_							
LICENSE #								
Structure Owner / Contr	ractor Signature:	Date: 3/20/0						
Decimalization and institution								

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 #: 786824

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 and to support & time accomp

Project Property

Currin Plantation, Lot 40, 15 Southern Place Lot 40, 15 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 confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER				CONTA NAME:	Jack VVI				
AL	LCHOICE Insurance				PHONE (A/C, N	o, Ext): (336)	540-0463	FAX (A/C, I	(888)	446-2352
70	Corporate Center Ct Ste B				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com					
								RDING COVERAGE		NAIC #
Gre	eensboro			NC 27408	INSURI			ISURANCE CO OF HA	ANNOVEF	TIALO II
INSU	IRED			8	INSURI	INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME				
	Lamco Custom Builders, LL	С			INSURI	ER C :				13579
	7424 Chapel Hill Rd Ste 203	3			INSURER D :					
						INSURER E :				
	Raleigh			NC 27607-5041	INSURER F:					
СО	VERAGES CEI	RTIFI	CATE	NUMBER:				REVISION NUMBER	:	
Т	HIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HA	VE BEI	EN ISSUED TO	O THE INSUR	ED NAMED ABOVE FO	R THE PO	LICY PERIOD
C	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REME TAIN	NT, TERM OR CONDITION	OF AN	IY CONTRACT	T OR OTHER	DOCUMENT WITH RE	SPECT TO	WHICH THIS
Ĕ	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	D HEKEIN IS SUBJEC	I TO ALL	THE TERMS,
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
	COMMERCIAL GENERAL LIABILITY	11450	1112	. Carot ttompat		(MINIOD) 11111	(MINIOD) 1111)	EACH OCCURRENCE	s 1.00	00.000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	-,
				×				MED EXP (Any one person)	\$ 5,00	
Α				IG06A009701-02		07/24/2017	07/24/2018	PERSONAL & ADV INJURY	s 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2.00	,
	X POLICY PRO-							PRODUCTS - COMP/OP AC		
	OTHER:							7.11000010 001111701710	\$,0,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per perso	n) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide	ent) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								(1 or accident)	\$	2
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
	DED RETENTION\$								s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE ER]_	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		6JUB-0G17274-3-15		07/40/0047	07/40/0040	E.L. EACH ACCIDENT	\$ 100	,000
В	(Mandatory in NH)	""	030B-0G17274-3-15		07/16/2017	07/16/2018	E.L. DISEASE - EA EMPLOY	EE \$ 100	,000	
	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IT \$ 500.	,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	red)		
	· ·									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
					THE	EXPIRATION	DATE THE	EREOF, NOTICE WILI	BE DE	LIVERED IN
Harnett County				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
PO Poy 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

mtil

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. Grave Wiesner

