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 439 70

Application for Residential Building and Trades Permit

Owner's Name Lamco Custom Builders, LLC	Date				
Site Address 814 Juno Dr, Broadway NC	Phone 919-935-9282				
Directions to job site from Lillington Head west on E Front St. turn left					
turn left onto NC-27 W, turn left onto Omaha Dr., turn right onto Juno Di					
tanner on the transfer of the order of the o					
SubdivisionTingen Pointe	Lot _157				
Description of Proposed Work New Construction Home	# of Bedrooms3				
Heated SF 1717 Unheated SF 447 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 Informa					
	zeAmps 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					
	040,400,0450				
Total Systems Heating and Cooling, Inc Mechanical Contractor's Company Name	910-436-3450 Telephone				
13341 NC HWY 210 S, Spring Lake NC 28390					
Address	parts@totalsystemsnc.com Email Address				
	Liffall Address				
28846 License #					
Plumbing Contractor Informa	ation				
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 Information	<u>ation</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

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

7/3/18									
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 Tony Toro, VP of Construction Date 18/16									

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 837345

Filed on: 04/19/2018

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

Tingen Pointe, Lot 157 814 Juno Dr. Broadway, NC 27505 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: 191-930-7425

Date of First Furnishing

04/23/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384



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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT NAME: Jack Wingate											
AL	CHOICE Insurance				PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 446-2352						
7 C	orporate Center Ct Ste B				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com						
Gre	eensboro			NC 27408	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INTERNATIONAL INSURANCE CO OF HANNOVEF						
INSU				21.100	INSURER B: TRAVELERS PROPERTY CASUALTY CO OF AME 13579						
Lamco Custom Builders, LLC											
	7424 Chapel Hill Rd Ste 203				INSURER C:						
	7424 Ghaper Filli Na Gle 200	,			INSURER D :						
	Paloigh			NC 27607 F044	INSURER E :						
-	Raleigh VERAGES CEF	TIE!	CATE	NC 27607-5041	INSURER F:						
				NUMBER:	VE DEI	EN ISSUED TO		REVISION NUMBER:	LIE DOI	IOV DEDICE	
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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11111111111111111111111111111111111111	EACH OCCURRENCE	s 1,00	00.000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100		
								MED EXP (Any one person)	\$ 5,000		
Α				IG06A009701-02		07/24/2017	07/24/2018	PERSONAL & ADV INJURY	\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							, , ,	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY			6JUB-0G17274-3-15	07/16/2017		07/16/2018	X PER OTH-			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	07/16/2017					\$ 100,	000		
Ь	Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s 100,	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								s 500,		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	ed)			
CEF	TIFICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR							ED BEFORE				
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Harnett County					ACCOMPANCE WITH THE POLICT PROVISIONS.						
PO Box 65 AUTHORIZED REPRESENTATIVE											
										1	
	Lillington			NC 27546						1	

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.

Mr. Chairman

C. Frank Wiesner

