

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 Homes Date \_\_\_\_\_  
Site Address Lot 22, 355 Southern Pl, Lillington NC Phone 919-307-4254  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Currin Plantation Lot 22  
Description of Proposed Work New Home Construction # of Bedrooms 3  
Heated SF 1717 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Lamco Homes 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**

Description of Work New Electrical Service Size \_\_\_\_\_ Amps T-Pole  Yes \_\_\_ No  
JM Pope Electric, Inc 919-776-5144  
Electrical Contractor s Company Name Telephone  
409 Chatham St, Sanford NC 27330 \_\_\_\_\_  
Address Email Address  
21326L  
License #

**Mechanical/HVAC Contractor Information**

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 2  
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**

Tri-City Insulation, 7204 Becky Circle, Raleigh NC 919-369-4730  
Insulation Contractor s Company Name & Address 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

3/28/19  
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 Homes

Sign w/Title  Tony Toro, VP of Construction Date 3/28/19

License Year

2019

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, 2019

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 1, 2019

This certificate may not be altered.



Chairman

Secretary-Treasurer



DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 997331

Filed on: 02/21/2019

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](mailto:support@liensnc.com)

### Project Property

Currin Plantation, Lot 22  
355 Southern Place  
Lillington, NC 27546  
Lee County 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 Homes  
7424 Chapel Hill Rd  
203  
Raleigh, NC 27607  
United States  
Email: [Lamcoacctdept@gmail.com](mailto:Lamcoacctdept@gmail.com)  
Phone: 919-307-4254

### Date of First Furnishing

02/21/2019

[View Comments \(1\)](#)

Technical Support Hotline: (888) 690-7384



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2018

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).

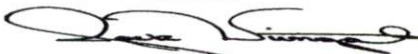
|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>ALLCHOICE Insurance<br>2513 Neudorf Rd<br><br>Clemmons NC 27012-9229                  |  | <b>CONTACT NAME:</b> Jack Wingate<br><b>PHONE (A/C, No, Ext):</b> (336) 540-0463<br><b>E-MAIL ADDRESS:</b> jack.wingate@allchoiceinsurance.com<br><b>FAX (A/C, No):</b> (888) 446-2352     |  |
| <b>INSURED</b><br>Lamco Custom Builders, LLC<br>7424 CHAPEL HILL RD STE 203<br><br>RALEIGH NC 27607-5041 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> ERIE INSURANCE EXCHANGE<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|  |  | <b>NAIC #</b><br>26271   |  |

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | Q44-1551694   | 08/15/2018              | 08/15/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          | Q32-1570650   | 08/15/2018              | 08/15/2019              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y         | N/A      | Q92-1501263   | 08/15/2018              | 08/15/2019              | <input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Harnett County<br>PO Box 65<br><br>Lillington NC 27546 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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