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 Homes	Date					
Site Address Lot 30, 207 Southern PI, Lillington	Phone 919-935-9282					
Directions to job site from Lillington Take NC-27 W to Norrington Rd tu	ırn left onto Norrington Rd					
take that to Clark rd turn right, take that to Southern Place turn left.						
Subdivision Currin Plantation	Lot30					
Description of Proposed Work New home construction	# of Bedrooms4					
Heated SF1801 SQ. ft Unheated SF 445 SQ. ft Finished Bonus Room?	Crawl Space 🗸 Slab					
General Contractor Information	<u>n</u>					
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 #						
Description of Work New Electrical Service Size	<u>on</u> Amps T-Pole ✓ YesNo					
	AN AND THE PARTY OF THE PARTY O					
JM Pope Electric, Inc Electrical Contractor's Company Name	919-776-5144 Telephone					
• •	electricpope@windstream.net					
409 Chatham St, Sanford NC 27330 Address	Email Address					
21326L						
License #						
Mechanical/HVAC Contractor Inform	nation					
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	<u>on</u>					
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	<u>nc</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									
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 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									
Sign w/Title Tony Toro, VP of Construction Date									



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).												
PRO	DUCER				CONTA NAME:	Jack Win						
ALLCHOICE Insurance						PHONE (A/C, No, Ext): (336) 540-0463 FAX (A/C, No): (888) 44						
25	13 Neudorf Rd				E-MAIL ADDRESS: jack.wingate@allchoiceinsurance.com							
					INSURER(S) AFFORDING COVERAGE						NAIC#	
Cle	emmons			NC 27012-9229	INSURER A : ERIE INSURANCE EXCHANGE					26271		
INS	JRED				INSURER B :					20271		
Lamco Custom Builders, LLC						INSURER C :						
	7424 CHAPEL HILL RD STE	203		a:	INSURER D :							
					INSURER E :							
	RALEIGH			NC 27607-5041	INSURER F :							
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUME	RER.	_		
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. LINITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurre	ence)	s 1,00	00,000	
								MED EXP (Any one per		s 5,00	00	
Α				Q44-1551694		08/15/2018	08/15/2019	PERSONAL & ADV INJ	JURY	s 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGAT	TE	s 2,00	00,000	
	POLICY X PRO-							PRODUCTS - COMP/O	OP AGG	\$ 2,00	00,000	
	OTHER:		-					001151155		\$	-	
	ANY AUTO							(Ea accident)	IMIT	\$		
	OWNED SCHEDULED							BODILY INJURY (Per p	person)	\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per a	accident)	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
	X		-							\$		
^	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE		s 1,00	00,000	
Α	CLAIMS-MADE			Q32-1570650		08/15/2018	08/15/2019	AGGREGATE		s 1,00	00,000	
-	DED RETENTION \$ WORKERS COMPENSATION		-					NA DED TOTAL		\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						X PER X	OTH- ER				
Α				Q92-1501263		08/15/2018	08/15/2019	E.L. EACH ACCIDENT		\$ 1,00		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$ 1,00					
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY	YLIMIT	\$ 1,00	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e. may b	e attached if mon	e space is requir	ad)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CEF	RTIFICATE HOLDER				CANC	ELLATION						
	- Comments				CANC	ELLATION						
	Harnett County PO Box 65	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
AUTHORIZED REPRESENTATIVE												
	Lillington	Sim Sime										

2019

North Carolina

59567

Licensing Board for General Contractors

Uhis is in Crrify Uhat: Lamco Custom Builders, LLC Raleigh, NC

is duly registered and entitled to practice

General Contracting

Limitation: Intermediate Classification: Building



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.

J. J. Posto

Chairman

C. Frank Wiesner



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1044020

Filed on: 05/15/2019

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

Currin Plantation, Lot 30 207 Southern Pl 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 Homes 7424 Chapel Hill Rd 203 Raleigh, NC 27607 United States Email: Lamcoacctdept@gmail.com Phone: 919-307-4254

Date of First Furnishing

05/17/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384