

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 340 Southern Pl, Lillington Phone 919-935-9282

Directions to job site from Lillington Take NC-27 W to Norrington Rd turn left onto Norrington Rd take that to Clark rd turn right, take that to Southern Place turn left.

Subdivision Currin Plantation Lot 16

Description of Proposed Work New home construction # of Bedrooms 3

Heated SF 1651 sq ft. Unheated SF 629.3 sq ft. Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Lamco Homes
Building Contractor s Company Name
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607
Address
59567
License #

919-307-4254
Telephone
lamcocustombuilders@gmail.com
Email Address

Electrical Contractor Information

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

919-776-5144
Telephone
electricpope@windstream.net
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Construction HVAC
Total Systems Heating and Cooling, Inc
Mechanical Contractor s Company Name
13341 NC HWY 210 S, Spring Lake NC 28390
Address
28846
License #

910-436-3450
Telephone
parts@totalsystemsnc.com
Email Address

Plumbing Contractor Information

Description of Work New Construction # Baths 2
A & M Contractors, Inc
Plumbing Contractor s Company Name
PO Box 1020, Ellerbe NC 28338
Address
28648
License #

910-652-6230
Telephone

Email Address

Insulation Contractor Information

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

919-369-4730
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

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 _____

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1044004

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 16
340 Southern Pl
Lillington, NC 27546
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

05/17/2019

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

View Comments (0)

Technical Support Hotline: (888) 690-7384

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



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).

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

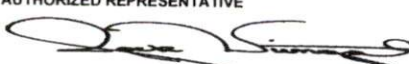
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

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CERTIFICATE HOLDER Harnett County PO Box 65 Lillington NC 27546	CANCELLATION 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 
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