09/09/11

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application

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 A20, 615 Ponderosa Trail, Cameron NC	28326 Phone 919-935-9282
Directions to job site from LillingtonTurn right onto S 2nd St, turn right on	to E Ivey St, turn left onto S Main St, turn right onto
W Old Rd, take a slight left turn onto NC 27 W, turn right onto Johnsonville School	Rd, turn right onto Ponderosa Rd, turn left onto
Ponderosa Trail.	
Subdivision Carolina Seasons	Lot A20
Description of Proposed Work New home construction	# of Bedrooms3
Heated SF1717.1 sq ft.Unheated SF 646.5 sq ft. Finished Bonus Room General Contractor Inform	n? Crawl Space
Lamco Homes	919-307-4254
Building Contractor's Company Name	Telephone
7424 Chapel Hill Rd Ste 203, Raleigh NC 27607	lamcocustombuilders@gmail.co
Address	Email Address
59567	
License #	action
Description of Work New Electrica Service S	SizeAmps T-PoleYesNo
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 In	formation
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 Address	parts@totalsystemsnc.com Email Address
28846	
License #	
Plumbing Contractor Inform	
Description of Work New Construction	# Baths
A & M Contractors, Inc	910-652-6230
Plumbing Contractor's Company Name PO Box 1020, Ellerbe NC 28338	Telephone
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

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									
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									
Sign w/Title Tony Toro, VP of Construction Date									

OP ID: D4

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/2019

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.

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

l t	f SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	he te	rms and conditions of th	ne policy, cert	ain p	olicies may	require an endorsement	t. As	statement on	
PRODUCER Robbins & Associates Insurance Agcy., Inc.			CONTACT Michael S Street NAME: PHONE (A/C, No, Ext): 704-226-1320 (A/C, No, Ext): 704-226-1320								
PC	Box 1458			E-MAIL Mike@robbinsandassociates.com							
Monroe, NC 28111 Michael S Street					INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A : Frankenmuth Mutual Ins Co					13986			
INSURED LAMCO Custom Builders LLC 7424 Chapel Hill Rd ste 203 Raleigh, NC 27607			INSURER B :								
				INSURER C :							
				INSURER D :							
					INSURER E :						
					INSURER F :						
CC	OVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONT ED BY THE PO BEEN REDUCE	RACT LICIE D BY	OR OTHER IS S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/)	EFF (YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α								EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			6634022	07/15/	2019	07/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	s	5,000	
								PERSONAL & ADV INJURY	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	s	2,000,000	
_	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	S		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
A			-						\$	4 000 000	
^	A DIMBRELLA LIAB X OCCOR			6634022	07/15/	2010	07/15/2020	EACH OCCURRENCE	\$	1,000,000	
L	DED X RETENTIONS 10000			0004022	07/13/	2013	07/15/2020	AGGREGATE	s s	1,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		6634021	07/15/2	2019	07/15/2020	E.L. EACH ACCIDENT	\$	500,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	S	500,000	
-	DÉSCRIPTION OF OPERATIONS below		-			_		E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIFICATE HOLDER				CANCELLAT	ION					
				HARNET1	SHOTH D VI	v or :	THE ABOVE S	ESCRIPED DOLLOUS SE		. ED DESCE	
	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.					
Lilligton, NC 27546					Authorized Representative Aire Moffinis						

2020

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



December 31, 2020

when this Certificate expires. Witness our hands and seal of the Board. Dated, Raleigh, N.C.

January 1, 2020

This certificate may not be altered.

Chairman

Secretaru-Treasurer

