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 # SFD 1909 - 0013

Application for Residential Building and Trades Permit

Owner's Name Lamco Homes	Date
Site Address Lot A23, 675 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 R	Rd, turn right onto ponderosa Rd, Turn left onto
Ponderosa Trail.	
Subdivision Carolina Seasons	Lot A23
Description of Proposed Work New home construction	# of Bedrooms3
Heated SF 1717.1 sq ftUnheated SF 646.5 sq ft. Finished Bonus Room General Contractor Information	? 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 #	
Description of Work New Electrical Service S	izeAmps T-PoleYesNo
THE CONTRACT OF THE CONTRACT O	919-776-5144
JM Pope Electric, Inc Electrical Contractor's Company Name	Telephone
	, diopinante
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	nation
	# Baths
Description of Work New Construction	910-652-6230
A & M Contractors, Inc	Telephone
Plumbing Contractor's Company Name PO Box 1020, Ellerbe NC 28338	relephone
Address	Email Address
	Lindii Addiess
28648 License #	
Insulation Contractor Inform	<u>nation</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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner ____ General Contractor ____ Owner X 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 Lamco Homes Company or Name Tony Toro, VP of Construction ___ Date _____ Sign w/Title

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

								rms and conditions of the ificate holder in lieu of su				require an endorsement	. A s	statement on
PRO	DUCE	R						1-226-1300	CONTACT Michael S Street					
Robbins & Associates									PHONE (A/C, No, Ext): 704-226-1300 FAX (A/C, No): 704-226-1320					
		ce Agcy., Inc. 1458							E-MAIL	o, Ext): mike@ro	obbinsanda	ssociates.com		
Mo	roe,	NC 28111							ADDRE					0.00002
Michael S Street									INSURER(S) AFFORDING COVERAGE					13986
									INSURER A : Frankenmuth Mutual Ins Co					13300
LAMCO Custom Builders LLC									INSURER B:					
INSURED LAMCO Custom Builders LLC 7424 Chapel Hill Rd ste 203 Raleigh, NC 27607									INSURER C :					
									INSURER D :					
										INSURER E :				
									INSURE	ERF:				
CO	VER	AGES			CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		
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INSR							SUBR				POLICY EXP (MM/DD/YYYY)	LIMITS	2	
A					INSD	WVD	TOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		and the same	1,000,000	
- 7//3		CLAIMS-MAD	Г	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 LIN	A TIN	PPLIES PER:								GENERAL AGGREGATE	s	2,000,000
		POLICY PR	O- CT	LOC								PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:											s	
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		ANY AUTO										BODILY INJURY (Per person)	s	
		OWNED AUTOS ONLY		SCHEDULEI	D							BODILY INJURY (Per accident)	s	
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		AUTOS ONLY		AUTUS UNL	_1							(Fer accident)	S	
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			CLAIMS		E		6634022		07/15/2019	07/15/2020	AGGREGATE	\$	1,000,000	
		DED X RETENTIONS 10000			0000							AGGREGATE	5	
Α	WOR	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								07/15/2020	X PER STATUTE ER	٥		
								6634021			07/15/2019	0-10-10-10-10-10-10-10-10-10-10-10-10-10		500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N/A			100		E.L. EACH ACCIDENT	\$	500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE	Vancor.	500,000
	DES	CRIPTION OF OPER	RATIO	ONS below	_							E.L. DISEASE - POLICY LIMIT	\$	000,000
DEC	CDIDT	ION OF OPERATION	ue / ·	OCATIONS (VEHIC	ES //	ACOR!	0 101, Additional Remarks Schedu	ulo mass b	o otto ob a d if a seri		l di		
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HARNETT								HARNETT	SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES RE CA	NCE	I ED REFORE
Harnott County									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Harnett County PO Box 65								ACCORDANCE WITH THE POLICY PROVISIONS.						
Lilligton, NC 27546					1									
		.							81.07886.08	RIZED REPRESE				
v v									Sire Roffins					

2020

Farth 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, 2020

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

January 1, 2020

This certificate may not be altered.

13. Jackson

Chairman

C. Grave Wiesner

Serretaru-Cr

