Application #

SFD 2001 - 0004

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 764 Southurn Pl	Phone (919) 935-9282
Directions to job site from Lillington Take NC-27 W to	Norrington Kd turn
left onto Norrington Rd take	that to Clark Kd
turn right, take that to Souther	un Pl turn left.
Subdivision (Urrin Plantation	Lot 1Z
Description of Proposed Work New home Construc	Hon # of Bedrooms 3
	Crawl Space V_ 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	an a
	Amps 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 #	mation
Mechanical/HVAC Contractor Inform	nation
Description of Work New Construction HVAC	
Total Systems Heating and Cooling, Inc	910-436-3450 Telephone
Mechanical Contractor's Company Name	Telephone
13341 NC HWY 210 S, Spring Lake NC 28390	parts@totalsystemsnc.com Email Address
Address	Email Address
28846	
License # Plumbing Contractor Information	on_
Description of Work New Construction	# Baths
	910-652-6230
A & M Contractors, Inc Plumbing Contractor's Company Name	Telephone
PO Box 1020, Ellerbe NC 28338	Contracted about • Description Control
Address	Email Address
28648	
License #	
Insulation Contractor Information	<u>on</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 <a href="bysigning-below-I have obtained all subcontractors-bermission to obtain these permits">bysigning-below-I have obtained all subcontractors-bermission to obtain these permits</a> and if <a href="mailto:any-changes-below-I have obtained all subcontractors-bermission to obtain these permits">bysigning-below-I have obtained all subcontractors-bermission to obtain these permits</a> and if <a href="mailto:any-changes-below-I have obtained all subcontractors-below-I have obtained all subcontractors-below-below-I have obtained all subcontractors-below-b

**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

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	

#### DO NOT REMOVE!

#### Details: Appointment of Lien Agent

Entry #: 1158161

Filed on: 12/13/2019

Initially filed by: Lamcocb2016

#### Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com | http://www.lensnc.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 12 264 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

12/16/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384

2019

59567

# Farth 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, Kaleigh, N.C.

January 1, 2019

This certificate may unt be altered.

3.7-Potho

Chairman

C. Grave Wiesner



OP ID: D4

#### CERTIFICATE OF LIABILITY INSURANCE

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. 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). 704-226-1300 CONTACT Michael S Street PRODUCER
Robbins & Associates PHONE (A/C, No, Ext): 704-226-1300 Insurance Agcy., Inc. P O Box 1458 Monroe, NC 28111 Michael S Street FAX (A/C, No): 704-226-1320 E-MAIL ADDRESS: mike@robbinsandassociates.com INSURER(S) AFFORDING COVERAGE NAIC # 13986 INSURER A: Frankenmuth Mutual Ins Co INSURED LAMCO Custom Builders LLC 7424 Chapel Hill Rd ste 203 Raleigh, NC 27607 INSURER B : INSURER C: INSURER D **INSURER E** INSURER F **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. ADDL SUBR NSR TR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 500,000 6634022 07/15/2019 07/15/2020 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 2.000.000 POLICY PRODUCTS - COMP/OP AGG S OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED PROPERTY DAMAGE (Per accident) 5 X UMBRELLA LIAB X OCCUR 1.000.000 EACH OCCURRENCE 6634022 07/15/2019 07/15/2020 **EXCESS LIAB** CLAIMS-MADE 1,000,000 AGGREGATE 5 10000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 6634021 07/15/2019 07/15/2020 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under 500,000 RIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION HARNET1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Harnett County** PO Box 65 Lilligton, NC 27546 AUTHORIZED REPRESENTATIVE

ACORD