

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0750016497

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Israel Lucas Date: 1/10/07
Address: 4432 Fox Run Rd, Sunford 27330 Phone: 919 976 1071 919 970-0902
Directions to job site from Lillington: 27W to Tingen Rd, Left into Tingen Place, 1st Rt Lot on left
Subdivision: Tingen Place Lot: 59

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 140K Description of Proposed Work: new const residential

General Contractor Information

Heated SF 2200 Crawl Space Building Construction Cost \$ 120K
Unheated SF 600 Slab () Acres Disturbed .38 Stories 1

Israel Lucas Const Telephone 919-970-0902
Building Contractor's Company Name Telephone
4432 Fox Run Rd, Sunford NC 27330 License # 39324
Address

Israel Lucas
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work new const Electrical Cost \$ 5000
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: _____ Amps

Wester/Pace Electric Telephone 919 499-3946
Electrical Contractor's Company Name Telephone
546 Leslie Rd, Sunford NC 27332 License # 12007-U
Address

Israel Lucas
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work new const
Number of Units 1 Type System Electric Heat Pump Mechanical Cost \$ 5500

Affordable Heating & Air Telephone 919-498-2791
Mechanical Contractor's Company Name Telephone
1838 Sheriff Watson Rd NC 27332 License # 20046
Address

Eddie Eatle
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work new const
Number of Baths 2 Plumbing Cost \$ 5500

Cox Bros Plumbing Telephone 919-258-3622
Plumbing Contractor's Company Name Telephone
8301 Hillcrest Farm Rd, Sunford NC 27330 License # 09644
Address

Steve Cox
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

Tri-City Insul. Telephone 910-486-8855
Insulation Contractor's Company Name & Address Telephone

Handwritten note: Change Center 2/12/07

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Israel Lucas Const

Sign/Title: Israel Lucas Owner

Date: 1/10/17

Plan Box Number A-2

Job Name ISRAEL LUCAS

Date: 1-11-07

Required Inspections for SFA/SFD

Appl. # 0750016497
Valuation ~~#206,740~~ 178,672
Sq. Feet 3182
2750

Sequence

10	<u> / </u>	R* Bldg. Footing
10-30	<u> / </u>	R* Elec. Temp Service Pole
20	<u> / </u>	R* Building Foundation
20	<u> / </u>	Address Confirmation
30-999	<u> / </u>	Open Floor
30-999	<u> / </u>	R* Bldg. Slab Insp.
30-999	<u> / </u>	R* Elec. Under Slab
30-999	<u> / </u>	R* Plumb. Under Slab
40	<u> / </u>	Four Trade Rough In
40	<u> / </u>	Four Trade Rough In > 2500
40	<u> / </u>	Three Trade Rough In
40	<u> / </u>	Three Trade Rough In > 2500
40	<u> / </u>	Two Trade Rough In
40	<u> / </u>	Two Trade Rough In > 2500
40	<u> / </u>	One Trade Rough In
40	<u> / </u>	One Trade Rough In > 2500
50	<u> / </u>	R* Insulation
60	<u> / </u>	Four Trade Final
60	<u> / </u>	Four Trade Final > 2500
60	<u> / </u>	Three Trade Final
60	<u> / </u>	Three Trade Final > 2500
60	<u> / </u>	Two Trade Final
60	<u> / </u>	Two Trade Final > 2500
60	<u> / </u>	One Trade Final
60	<u> / </u>	One Trade Final > 2500
999	<u> / </u>	Envir. Operations Permit

16497

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Application # 16497
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Israel LUCAS Contruction Inc. Date: 2-22-07
Address: 4432 Fox Run Rd Sanford Phone: 919-776-0902
Directions to job site from Lillington: 24/27 to Tingin Rd
left to Tingin Place Sub div.
Subdivision: Tingin Place Lot: 59

Construction Type: (Please Check) **Building Use: (Please Check)**
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () _____ Building Construction Cost \$ _____
Unheated SF _____ Slab () _____ Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work All New Install to include duct work with 9000 BTU mini split
Number of Units 2 Type System 3 ton 13 Seer Mechanical Cost \$ 5,995.00

Total Systems Heating & Cooling, Inc Telephone 910-436-3450
Mechanical Contractor's Company Name _____
13341 Hwy 210 South Sp Lk License # 28846
Address _____ Telephone 28390

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address _____ Telephone _____