

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 Israel Lucas Const. Date 8/25/11
Site Address 55 Eisenhower Ct., Broadway 27505 Phone 919-770-0902
Directions to job site from Lillington 27W, left on Tingen Rd, Rt into Patton Point Subdivision, 3rd right Eisenhower Ct.

Subdivision Patton Point Lot 69
Description of Proposed Work new const # of Bedrooms 3
Heated SF 2050 Unheated SF 530 Finished Bonus Room? yes Crawl Space Slab

General Contractor Information

Israel Lucas Construction, Inc 919-770-0902
Building Contractor's Company Name Telephone
4432 Fox Run Rd Sanford NC 27330 lucas5@windstream.net
Address Email Address
53247
License #

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
SECS Electric 919-718-1156
Electrical Contractor's Company Name Telephone
1206 Pendergrass Rd. Sanford NC, 27330 secs@ADL.com
Address Email Address
18002 L
License #

Mechanical/HVAC Contractor Information

Description of Work new house
Mack's Heating & Air 919-776-1410
Mechanical Contractor's Company Name Telephone
1124 Deep River Rd, Sanford NC 27330 customerservice@macksheating.com
Address Email Address
24797
License #

Plumbing Contractor Information

Description of Work New Constr. # Baths 2 1/2
Cox Bros Plumbing 919-258-3622
Plumbing Contractor's Company Name Telephone
985 Thomas Kelly Rd Sanford NC 27330
Address Email Address
08644
License #

Insulation Contractor Information

Insulating Inc. 1827 Jefferson Davis Hwy Sanford NC 27330 (919)-776-4138
Insulation Contractor's Company Name & Address Telephone

*NOTE. General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption Questionnaire per G S 87 14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1 Do you own the land on which this building will be constructed? Yes No
- 2 Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No
- 3 Do you intend to directly control & supervise construction activities? Yes No
- 4 Do you intend to schedule contract or directly pay for all phases of construction work to be done? Yes No
- 5 Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so it creates the presumption under law that you fraudulently secured the permit? Yes No

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 **I affirm that I have obtained all listed contractors 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

Israel Lucas
Signature of Owner/Contractor/Officer(s) of Corporation

8/25/11
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 Israel Lucas Const

Sign w/Title Israel Lucas Owner

Date 8/25/11

Patton Permit #69

Plan Box # B-2

Date 8-25-11
Job Name Foral Linear

App # 0750017481

Valuation ^{\$}161129

SQ Feet 2480

Inspections for SFD/SFA

Crawl

Slab

Mono

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500

>2500

>2500

Foundation Survey

Envir Health

Other



Additions / Other

- Footing
- Foundation
- Slab
- Mono
- Open Floor
- Rough In
- Insulation
- Final

To - V C Brown

From Israel Lucas

Could you please change the Mechanical Contractor currently listed for 54 Eisenhower Court and 55 Eisenhower Court, Broadway, from Macks Heating and Air, to Stephenson Heating and Air Conditioning Company

54 Eisenhower Court - Application # 07-50017483

55 Eisenhower Court Application # 07 50017481

Thank you very much

Israel Lucas

919-770-0902

REC 10-29-11

Harnett County Central Permitting

PO Box 65 Lillington NC 27546 Ph 910-893-7525 - Fx 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure Israel Lucas Const Inc Phone 919-770-0902

Owner (s) Mailing Address 4432 Fox Run Rd Sanford NC 27330

Land Owner Name (s) same Phone _____

Construction or Site Address 55 Eisenhower Ct, Broadway

PIN # 9597-30-5440 000 Parcel # 03-9597-0039-64

Job Cost \$7K Description of Work to be done Install HVAC system
(new construction)

Mechanical New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical* 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington
27 W left onto Lingen Rd, Rt into Patton's Point

Subdivision Patton's Point Lot # 69

I Charles Stephenson will provide the Mechanical labor on this structure
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18644 which entitles me to perform such work on the above structure legally All work shall comply with the State Building Code and all other applicable State and local laws ordinances and regulations

Stephenson Heating Air Conditioning, Inc
Contractor's Company Name

919 329-0686
Telephone

343 Shipwash Dr, Garner NC 27529
Address

Email Address

18644
License #

Structure Owner / Contractor Signature Israel Lucas Date _____

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf If doing the work as owner you understand that you cannot rent lease or sell the listed property for 12 months after completion of the listed work

***Company name, address, & phone must match information on license**