

* 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 # 0750018130

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Permit

Owner's Name: Israel Lucas Date: Aug 22 2007

Site Address: Lot 148, Northview Dr, Sanford NC 27332 Phone: 919-770-0902

Directions to job site from Lillington: 27W to Tingen Rd, Rt on Alpine, Left on Northview Dr, 1/2 mile on left.

Subdivision: Sunset Ridge Sec 3 Lot: 148

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

Total Project Cost: \$150K Description of Proposed Work: Single-family residential
Heated SF 1709 Unheated SF 627 Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information Building Cost \$ 125K

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

Israel Lucas Must sign second page & fill out third page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information Elec Cost \$ 6000.00

Description of Work new const. Service Size: 200 Amps #TPoles 1
Western Pace Electric 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Rd, Sanford NC 27332 12007 U
Address License #

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ 7000

Description of Work new const. # Units 1
Total Systems Heating & Cooling 910-436-3450
Mechanical Contractor's Company Name Telephone
1334 Hwy 210 South, Spring Lake NC 28390 77595-28846
Address License #

Terry Hall
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ 6000

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

Steve Cox
Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City Insulation, 121 Person St, Fayetteville, NC 28303 910-309-9305
Insulation Contractor's Company Name & Address Telephone

**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. Inc.

Sign/Title: Israel Lucas Owner

Date: 8/22/07

Plan Box Number C-6

Job Name LUCAS

Date: 8-22-07

Required Inspections for SFA/SFD

Appl. # 0750018130

Valuation \$ 147,875

Sq. Feet 2276

Sequence

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

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____ Contact & Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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

Sign & date _____

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 if any changes occur including listed contractors, site plan, 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.

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

8/22/07
Date