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

Telephone

	1		(07500 <mark>18</mark> 133	: }
ection below to be filled out by er performing work. Must be owner	Harasti Cau	nte Control Does	Application #_U	713001000	
ed contractor. Address, company					
none must match information on Phone 910-893-7525 Fax 910-893-2793 www.harnett.org					
	Application for B	uilding and Tra	des Permit	\cdot 1 \cdot \cdot	
Owner's Name: Allied	Investors		Date:	118/08	
Site Address: Lot 164 North view Dr. Sanford 2733 Phone: 719-770-090]					
Directions to job site from Lillington: 27 W to Tingen Rd, Rt on Alpine Oi,					
Left onto Northwen Dr into Sunset Ridge					
Subdivision: Sunset Ridge Lot: 164					
Construction Type: (Please Check) Building Use: (Please Check)					
X New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family					
Renovation Addition	Other	Modular	Multi	-Family	
Total Project Cost: 195K	Description of Pro	posed Work:	Vew Singl	e Fam	
Heated SF 2000 Unheated SF 645 Finished Rec Room? Yes Crawl Space & Slab ()					
General Contractor Information Building Cost \$ 150 k					
Israel Lucas Con	ost Inc.	919-	170-090	50	
Building Contractor's Company	Name	Telephon			
_ 4432 Fox Aun				53247	
Address	* V	1 11C X 1771		License #	
1) Lucia Jan	1 Luis	Manual alam			
Signature of Owner/Contractor	Officer(s) of Corner	: Must sign Ration	second page & fi	il out third page	
Elec	trical Permit Inform		st \$ 6 K		
Description of Work New	CONH. S	ervice Size: 2	Oi) Amps	#TPoles	
Wester Pare Elec	· fric	010-6	199-5183	······································	
Electrical Contractor's Compar	ny Name	Telephon		ALISH BARRAN (ATTACAN)	
546 Lesla R				12 007 0	
Address	Juniora F			License #	
William West	^			Liceibe #	
Signature of Officer(s) of Corpo					
Mechanical Permit Information Mech Cost \$					
Description of Wark New	Const.			1	
<u> </u>			# Units		
Mechanical Contractor's Comp			91 436	3950	
	any Name		elephone	iucar	
13341 Hwy 210	1 2004W7	ling Lake 2	8340	17575	
Address Genre 90	rel			License #	
Signature of Officer(s) of Corpo	pration				
Plum	bing Permit Inform	ation Plumb Co	ost \$ <u>5 K</u>		
Description of Work IV e w	Corst -		# Baths	2	
Cox Pios Plumbin	es.	(719- DCK-	34 10	
Plumbing Contractor's Compan		Ŧ	elephone	JU 13 25	
985 Thomas Kelly Pd. San Ford NC 2733D 08644					
Address		<u>(C & 7,70</u>		License #	
Stein Car				manna in the E.	
Signature of Officer(s) of Corpo	ration				
Insulation Permit Information					
TrCity Insulation	301 Person		<u>Ile 28301</u>	910-486	8855
Insulation Contractor's Compar	y Name & Address	11 / 17		Telephone	~ * * *

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)					
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					
Do you intend to directly control & supervise construction activities? yes no					
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yesno					
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?					
yesno					
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, 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. Signature of Owner/Contractor/Officer(s) of Corporation Date					
Affidavit for Worker's Companyation N.C.C.C. 07.44					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
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					
The undersigned applicant being the:					
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					
The undersigned applicant being the:					
The undersigned applicant being the:					
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.					
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. X 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					

Plan Box Number <u> I - 3</u>

Job Name Lucas

Date: 3 - 20 -01

Required Inspections for SFA/SFD '

Appl. # $\frac{0.7}{500}$ | $\frac{133}{500}$ | $\frac{13$

Sequence

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