

\* 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 # 0750018134

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 Const. Date: 11/1/07

Site Address: Lot 165, Northview Drive Phone: 919 970 0902

Directions to job site from Lillington: W West, Left on Tingen Rd, Rt on Alpine, left on Northview Dr.

Subdivision: Sunset Ridge Lot: 165

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

Total Project Cost: \$165K Description of Proposed Work: single fam, resid., new const.

Heated SF 1639 Unheated SF 440 Finished Rec Room? NO Crawl Space  Slab ( )

**General Contractor Information** Building Cost \$ 140

Israel Lucas Const Inc. 919 970 0902  
Building Contractor's Company Name Telephone

4432 Fox Run Rd Sanford NC 27330 53247  
Address License #

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

Must sign second page & fill out third page

**Electrical Permit Information** Elec Cost \$ 5300

Description of Work New Const. Service Size: 200 Amps #TPoles 1

Western Pace Electric 919 499-3946  
Electrical Contractor's Company Name Telephone

546 Leslie Rd, Sanford NC 27330 120074  
Address License #

William Weston  
Signature of Officer(s) of Corporation

**Mechanical Permit Information** Mech Cost \$ 5500

Description of Work new const. # Units 1

Total Systems 910-436-3450  
Mechanical Contractor's Company Name Telephone

13341 Hwy 210 South, Springlake NC 28390 288-416  
Address License #

Tony Hall  
Signature of Officer(s) of Corporation

**Plumbing Permit Information** Plumb Cost \$ 6000

Description of Work new const # Baths 2

Cox Bros Plumbing 919-258-3622  
Plumbing Contractor's Company Name Telephone

985 Thomas Kelly Rd, Sanford NC 27330 08641P  
Address License #

Steve Cox  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation, 418 Person St, Fayetteville NC 28301 910-486-6201  
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: 11/1/07

Plan Box Number E-1

Job Name LUCAS

Date: 11-2-07

Required Inspections for SFA/SFD \*

Appl. # 0750018134  
Valuation \$132,477  
Sq. Feet 2039

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 checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input checked="" type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input checked="" type="checkbox"/>	Three Trade Rough In
40	<input checked="" type="checkbox"/>	Three Trade Rough In > 2500
40	<input checked="" type="checkbox"/>	Two Trade Rough In
40	<input checked="" type="checkbox"/>	Two Trade Rough In > 2500
40	<input checked="" type="checkbox"/>	One Trade Rough In
40	<input checked="" type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input checked="" type="checkbox"/>	Three Trade Final
60	<input checked="" type="checkbox"/>	Three Trade Final > 2500
60	<input checked="" type="checkbox"/>	Two Trade Final
60	<input checked="" type="checkbox"/>	Two Trade Final > 2500
60	<input checked="" type="checkbox"/>	One Trade Final
60	<input checked="" 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

11/1/09  
Date