Application # U * Each section below to be filled out by whomever performing work. Must be owner Harnett County Central Permitting J. licensed contractor. Address, company PO Box 65 Lillington, NC 27546 name & phone must match information on Phone 910-893-7525 Fax 910-893-2793 www.harnett.org license. **Application for Building and Trades Permit** Owner's Name: Site Address: lot 156 Northwew Pr. Sundal 27332 Phone: 11 Directions to job site from Lillington: Construction Type: (Please Check) Building Use: (Please Check) __ Commercial New Moved House Renovation Addition __ Residential Other Modular Multi-Family Total Project Cost: 170 Description of Proposed Work: New Single Fam Heated SF 2000 Unheated SF 550 Finished Rec Room? Yes General Contractor Information Building Cost \$ 150 scaellucas Corst. 919-1711-0902 **Building Contractor's Company Name** Telephone Fox Run Address Must sign second page & fill out third page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Elec Cost \$ 6 K Description of Work New Const. Service Size: 200 Amps #TPoles Wester Pare Election 919-499-5983 Electrical Contractor's Company Name Telephone Sanford Address (1), Decum () on Signature of Officer(s) of Corporation **Mechanical Permit Information** Mech Cost \$ Description of Work # Units Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Plumbing Permit Information Plumb Cost \$

Plumbing Contractor's Company Name Address

Insulation Permit Information

Ferson St. Fayetheville 28301 910-486 8855 & Address Telephone

Application # 08 5 60 19312

	os must fill out this portion 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 <u>Driveway Access</u> - NC Department of Tra	nsportation Driveway Access/Permit? Yes	No		
Homeowners Applyi	ng to Build Their Own Home			
Please answer the following questions then see a Permit To	echnician to determine if you qualify for permit under Own	ners Exemption.		
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo availab	le upon request)		
1. Do you own the land on which this buil	ding will be constructed? yes	no		
2. Have you hired or intend to hire an indithe project?	ividual to superintend and manage co			
3. Do you intend to directly control & supe	ervise construction activities? yes	no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?				
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 rand that the construction will conform to the remember Mechanical codes, and the Harnett County Zonin contractors is correct as known to me and if any obuilding and trade plans, Environmental Health permy responsibility to notify the Harnett County Central Signature of Owner/Contractor/Officer(s) of Corpor	gulations in the Building, Electrical, Plumbing Ordinance. I state the information on the changes occur including listed contractors, sit rmit changes or proposed use changes, I certal Permitting Department of any and all chan	ng and above e plan, tifv it is		

Application # 08500193/2

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

The undersigned	ed applicant for Building Permit #	being the:
	_ General Contractor _ Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby con the work set for	firm under penalties of perjury that the personerth in the permit:	(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and had compensation insurance to cover them.	as/have obtained workers'
	Has/have one (1) or more subcontractors(s) a compensation insurance to cover them.	and has/have obtained workers'
X	Has/have one (1) or more subcontractors(s) v workers' compensation insurance covering th	
	_ Has/have not more than two (2) employees a	nd no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is suing the permit may require certificates of to issuance of the permit and at any time during the carrying out the work.	coverage of worker's compensation
Firm Name:	Israel Lucas Const. I	rc
Sign/Title:	Owner Allens	
Date:	2/13/08	

Plan Box Number 5

Job Name Lucas

Date: 2-14-88

Required Inspections for SFA/SFD

Appl. # 08 500 19317 Valuation 165547 Sq. Feet 2548

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	Four Trade Rough In
40	
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
	Four Trade Final
50	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
50	One Trade Final
50	One Trade Final > 2500
099	Envir. Operations Permit