* Each section below to be filled out by	Application # 04 500 19 3 1 3	
w onever performing work. Must be owner ilicensed contractor. Address, company	Harnett County Central Permitting	
name & phone must match information on	PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org	
license.	Application for Building and Trades Permit	
Owner's Name: Allied	Investors Date: 2/13/08	
Site Address: Jot 152 North	119-170-0902 Phone: 119-170-0902	
	gton: 27 W to Tingen Rd. Rt on Alpine Pi.	
Left onto North		
	100	
	Ridge Lot: 152	
Construction Type: (Please Cl ★ New Moved Ho		
	Other Modular Multi-Family	
	- - <u>- '</u>	
Total Project Cost: 1/80/5	Description of Proposed Work: New Single Fam	
Heated SF <u>ddd</u> Unheate	d SF 167 Finished Rec Room? 165 Crawl Space (Slab ()	
	Contractor Information Building Cost \$ 160 K	
Building Contractor's Company	<u>1919-170-0902</u> Name Telephone	
4432 Fox Run Address	License #	
1 Lucas		
Signature of Owner/Contractor	Must sign second page & fill out third page /Officer(s) of Corporation	
Elec	trical Permit Information Elec Cost \$ 6 /	
Description of Work New		
	+11c 919-5983	
Electrical Contractor's Compar		
546 Leslie K	d, Sonford nc 27332 12007 U	
Address	License #	
30 200	<u>^</u>	
Signature of Officer(s) of Corpo Mecha	nical Permit Information Mech Cost \$ (. K	
Description of Work	Const. #Units	
Total Systems	910- 436- 3450	
Mechanical Contractor's Comp		
13341 Hwy 211) South Sound Lake 28340 28846	
Address	License #	
genre 1)	- Cl	
Signature of Officer(s) of Corpo		
<u>Plum</u>	bing Permit Information Plumb Cost \$ 5 K	
Description of Work <u>Vew</u>	Const#Baths	
Cox Bios Plumbin		
Plumbing Contractor's Compa		
985 Thomas Kelly	121, San tord nc 2133D 08644	
Address	License #	
Sinch of Office (See		
Signature of Officer(ś) of Corporation Insulation Permit Information		
Tracks Tax Inter	301 Person St. Fayetheville 28301 910-486-8855	
Insulation Contractor's Compa	ny Name & Address Telephone	

Application # 0850019313

Commercial Job <u>Sprinkler</u>	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 Tran	nsportation Driveway Access/Permit? Yes	No
Homeowners Applying Please answer the following questions then see a Permit Te	ng to Build Their Own Home schnician to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations as	to Issue of Building Permits (Memo available	e upon request
1. Do you own the land on which this build		
2. Have you hired or intend to hire an indithe project?	vidual to superintend and manage con	estruction of
3. Do you intend to directly control & supe	rvise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	directly pay for all phases of construct	ion work to
5. Do you intend to personally occupy the following completion of construction and do creates the presumption under law that you	o you understand that if you do not do	onths so, it
	yes	no
Sign & date		
I hereby certify that I have the authority to make n and that the construction will conform to the reg Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any che building and trade plans, Environmental Health per my responsibility to notify the Harnett County Central Health per my responsibility to notify the Harnett County Central Health Per May 1997 (Signature of Owner/Contractor/Officer(s) of Corpora	pulations in the Building, Electrical, Plumbing Ordinance. I state the information on the analysis occur including listed contractors, site mit changes or proposed use changes, I certical Permitting Department of any and all changes of the contractors of the c	g and above plan,

Application # 0850019313

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

The undersigned	ed applicant for Building Permit # being the:
X	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby con the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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/	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.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, ion carrying out the work.
Firm Name:	Israel Lucas Const Inc
Sign/Title:	owner thum
Date:	2/13/04

Plan Box Number

Job Name <u>Lucas</u>

Date: <u>2-14-08</u>

Required Inspections for SFA/SFD

Appl. # 0 8 - 500 19313 Valuation 4 182 830 Sq. Feet 2814

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20 1	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	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
40	One Trade Rough In > 2500
50	R* Insulation
60	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
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit