* 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 # 09 500 22274

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential I	
Owner's Name: Israel Lucas Const. Inc.	Date: <u>10 2 09</u>
Site Address: 10+ 147 Northwen Dr. Sanford	Phone: <u>919 770 ~0402</u>
Directions to job site from Lillington: 27 W to Ti	ngenty, At onto Alpire,
Left on Northview	
Sured Rede D	140
Subdivision: Sunset Rudge	Lot: (4)
Description of Proposed Work:	#DQGIOOTIIS
Heated SF <u>9035</u> Unheated SF <u>744</u> Finished R <u>General Contract</u>	tor Information
Islae Lucas Corst Ine-	919 770 0902
Building Contractor's Company Name	Telephone
4432 Fox Run M Sanford Mc 20330	<u>53841</u>
Address	License #
Warmy Kellens	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Perm	it information
Description of Work NW CONST- Service	
Wester Pace Electric	919 499 5389
Electrical Contractor's Company Name	Telephone
614 Leslie Pd Sunford 11 27332	12007 U
Address,-	License #
Willia Nesta	
Signature of Officer(s) of Corporation	3
Mechanical/HVAC F	-ermit information
Description of Work New Const-	1121 211(7)
Total Systems Heatings Gooling	910 436 345D
Mechanical Contractor's Company Name	Telephone
13341 Hwy 210 South, Spring Lake MC 2839	70 <u>& 0 0 70</u> License #
Address	LICENSE #
Signature of Officer(s) of Corporation	
Plumbing Perm	nit information
Description of Work New Coryt.	# Baths 2 2
· · · · · · · · · · · · · · · · · · ·	919 258 3622
Plumbing Contractor's Company Name	Telephone
985 Thomas Kelly Ad	08644
Address	License #
Jony alule	
Signature of Officer(s) of Corporation Insulation Perm	it Information
	15 Huy Sanfodne 2733D 919776 4139
Insulation Contractor's Company Name & Address	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	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be 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?	
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 <u>any</u> 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
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	
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.	
A CONTRACTOR OF THE CONTRACTOR	
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	
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	

CRAWI

Derail Lucas

Plan Box Number E C

Job Name_Sunset Ridge

Date: 10-2-09

Required Inspections for SFA/SFD

Appl. # 09 500 222 24 Valuation 172759 Sq. Feet 2659

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