* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 10 - 500 - 23942

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

Application for Residential Building and Trades Permit

Owner's Name: Israel Lucus Const. Inc.	Date: 7 / 19 / 1		
Site Address: 575 North View Prive, Sanford MC 2			
Directions to job site from Lillington: 27 W to Tingen Rd			
left on Northkiew	THE OVER THE PINE,		
TCT ON WORTHWAY			
Subdivision: Sunset Ridge Sec III	Lot: 57		
Description of Proposed Work:			
	# of Bedrooms:		
Heated SF: 9050 Unheated SF: 530 Finished Bonus Room? Play room Crawl Space: X Slab: X General Contractor Information			
Building Contractor's Company Name	919-770-0902		
	Telephone		
4432 Fox Run Rd. Sanford MC 27330 Address	lucas 5@windstream.net Email Address		
53247	Littali Address		
License #			
Description of Work New Construction Service Size: 200 Amps T-Pole: Xyes No			
SECS Floctic			
Electrical Contractor's Company Name	919 - 718 - 1156 Telephone		
1206 Pendergras Rd. Sanford NC, 273			
Address	Email Address		
13002 L			
License # Mechanical/HVAC Contractor Inform	mation		
Description of Work New house	nation		
	919-176-1410		
Mack's Heating + Air Mechanical Contractor's Company Name	Telephone		
1124 Deep River Rd, Sanford MC 27330	customerservice @ macks heating. com		
Address	Email Address		
24197			
License # Plumbing Contractor Information			
Description of Work New Constr.	# Baths2_ ^{1/} 2		
	919-258-3622		
Cox Bros Plumbing Plumbing Contractor's Company Name	Telephone		
985 Thomas Kelly Rd Sanford IC Address			
2.0	Email Address		
08644			
License # Insulation Contractor Information			
Insulating Inc. 1827 Jefferson Davis Huy Sanford NC	(919) - 776-4138		
Insulation Contractor's Company Name & Address 27330	Telephone		

*NOTE: General Contractor must fill out and sign the second page of this application.

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? YesNo			
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? 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? Yes No			
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 that I affirm that I have obtained all listed contractors permission to obtain these permits 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. 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			
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.			
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
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.			
Covering themselves. ———————————————————————————————————			
Covering themselves. ———————————————————————————————————			

		e Terral (use
Plan Box Number T-i lo	Job Nam	e Israel Lucas
	Date:	7-20-11
Required Inspections for SF	A/SFD	
	Appl. # Valuation Sq. Feet	150023942
Sequence		
10 10 10 10-30 20 20 20 30-999 30-999 30-999 30-999 40 40 40	R* Bldg. Footing R* Mono Slab R* Elec. Temp Service Pole Foundation Survey R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In	Slab Mono Crawl
40	Three Trade Rough In> 2500 Two Trade Rough In	
40 40	Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500	
50	R* Insulation 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	
50 999	One Trade Final > 2500 Envir. Operations Permit	