

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

Application for Residential Building and Trades Permit

Owner's Name Israel Lucas Const. Date 8/25/11
Site Address 65 Eisenhower Ct., Broadway 27505 Phone 919-770-0902
Directions to job site from Lillington 27W, left on Tingen Rd, Rt into Pattons Point Subdivision, 3rd right Eisenhower Ct.

Subdivision Pattons Point Lot 70
Description of Proposed Work New Const # of Bedrooms 3
Heated SF 1664 Unheated SF 736 Finished Bonus Room? yes Crawl Space Slab

General Contractor Information

Israel Lucas Construction, Inc. 919-770-0902
Building Contractor's Company Name Telephone
4432 Fox Run Rd Sanford NC 27330 lucas5@windstream.net
Address Email Address
53247

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No
SECS Electric 919-718-1156
Electrical Contractor's Company Name Telephone
1206 Pendergrass Rd. Sanford NC, 27330 secs@aol.com
Address Email Address
13002 L
License #

Mechanical/HVAC Contractor Information

Description of Work new house
Mack's Heating & Air 919-776-1410
Mechanical Contractor's Company Name Telephone
1124 Deep River Rd, Sanford NC 27330 customerservice@macksheating.com
Address Email Address
24797
License #

Plumbing Contractor Information

Description of Work New Constr # Baths 2 1/2
Cox Bros Plumbing 919-258-3622
Plumbing Contractor's Company Name Telephone
985 Thomas Kelly Rd Sanford NC 27330
Address Email Address
08644
License #

Insulation Contractor Information

Insulating Inc. 1827 Jefferson Davis Hwy Sanford NC 27330 (919)-776-4138
Insulation Contractor's Company Name & Address 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)

- 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

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

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

8/25/11
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

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

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

Company or Name Israel Lucas Const
Sign w/Title Israel Lucas Owner Date 8/25/11

Plan Box # ba

Date 8-29-11

Job Name Israel Lucas

App # 1150027260

Valuation \$145,536

SQ Feet 2240

Inspections for SFD/SFA

Crawl

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir Health

Other _____



Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____