12 500 28874

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

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

ime a prione must match		
Owner's Name	Israel Lucus Corst.	Date 5/21/12
Site Address 45 Eig	senhower Ct. Broadway 27	505 Phone 919-970-0902
Directions to job site fr	rom Lillington 27 W, left on Tings	on Pd. Rt into
Pattons Point	Subdivision, 3rd right Eisen	hower Ct.
	J	
Subdivision Pat	tons Doint	Lot 68
Description of Proposed Work New Single Family		# of Bedrooms 3
Description of Propose	nheated SF $\sqrt{27}$ Finished Bonus Room?	
Heated SF 1110 U	General Contractor Information	tion Crawi Space _A_ Slab
Israel I wa	as Const. Inc.	919-770-0902
Building Contractor's Company Name		Telephone
4432 Fox Run Pd, Sanford NC 27330		Lucas 5 @ windstream : net
Address 53947		Email Address
License #	, Electrical Contractor Informa	tuon .
Description of Work	New Const . Service Size	ze <u>d 00</u> Amps T-Pole Yes No
SECS Ele		919-718-1156
Flectrical Contractor's Company Name		Telephone
1206 Pendergrass Rd, Sanford MC 27330		secs 6 AOL . com
Address	•	Email Address
18002 L License #		
Fice ise #	Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work	new const.	
Stephenson Heating & Air		919-329-0686
Mechanical Contractor	s Company Name	Telephone
343 Shipwas	h Dr. Garner MC 27529	Stephenson hvac @ gol. com Email Address
Address '	•	Email Address
18644 License #		
Ficeuse #	Plumbing Contractor Informa	ation
Description of Work	new corst-	# Baths
Cox Bros Plumbing		919-258-3622
Plumbing Contractor's Company Name		Telephone
985 Thomas	Kelly Ad Sunford nc 27330	<u> </u>
Address		Email Address
08644		
License #	Insulation Contractor Informa	ation
Tatum Insulation II	, 519 Old Drug StoßE Rd. Garner	919-661-0999
Insulation Contractor s	Company Name & Address 3756	

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 bysigning-below-I have obtained all subcontractors-permission to obtain these permits and if 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			
Osrael Lucas 5/21/12			
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			
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 Isrue Lucas Const. Inc.			
Sign w/Title <u>Jarael Luis</u> - Owner Date 5/21/12			