

12 500 28875

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 5/21/12
Site Address 46 Eisenhower Ct. Broadway 27505 Phone 919-770-0902
Directions to job site from Lillington 27 W, left on Tingen Rd, Rt into
Pattons Point Subdivision, 3rd right Eisenhower Ct.

Subdivision Pattons Point Lot 72
Description of Proposed Work new single family # of Bedrooms 3
Heated SF 1968 Unheated SF 744 Finished Bonus Room? yes Crawl Space Slab

General Contractor Information

Israel Lucas Const. Inc. 919-770-0902
Building Contractor's Company Name Telephone
4432 Fox Run Rd, Sanford NC 27330 Lucas5@windstream.net
Address Email Address
53247
License #

Electrical Contractor Information

Description of Work new const. 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
18002 L
License #

Mechanical/HVAC Contractor Information

Description of Work new const.
Stephenson Heating & Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr., Garner NC 27529 stephensenhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work new const. # 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

Tatum Insulation II, 519 Old Drug Store Rd, Garner 919-661-0999
Insulation Contractor's Company Name & Address Telephone
27529

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

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 **by signing below I have obtained all subcontractors 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

5/21/12
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 5/21/12