Harnett County Central Permitting PO Box 65 Lillington NC 27546

Application #

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company name & p

910 893 7525 Fax 910 893 2793 www harnett org/permits

r Address company chone must match	Application for Residential Building and T	rades Permit	
	Isruel Lucas Const.	Date 3/17/14	
Owners Name	Eisenhower Ct Broadway		
Directions to job site tri	om Lillington 27 W, left on Tin	Gen Ma III IN AD	
Pattons Pa	not Subdivision, 3rd right	Li) ea nower CT.	
	0.1		
Subdivision	Pathons Point	Lot <u>74</u>	
Description of Propose	d Work new const. Single fan	1. # of Bedrooms	
Heated SF 3167 U	nheated SF <u>451</u> Finished Bonus Room? _	<u>V→</u> Crawl Space <u>V</u> Slab	
	General Contractor Informatio		
2 Scael Ly	cas Corst. Inc.	919 770 0902 Telephone	
Building Contractor's C	Run M Sanfurp nc 27330	Lucus 5 @ windstram net	
Address	MUN 19 JUNADAD TICOTOTO	Email Address	
5324 7			
License #			
D	Electrical Contractor Information	Officer T Bolo X Vos. No.	
	New Const - Service Size	919 718 - 1156	
Electrical Contractor \$		Telephone	
6630 M	4 Scat Rd Hope Mills 28348	secs @ goi. com	
Address		Email Address	
18002L			
License #	1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1		
	Mechanical/HVAC Contractor Inform	nation	
Description of Work		919 329-0686	
Stephensen Mechanical Contractor	Heating J Air	Telephone	
		StephensonhVACa) aclicom	
Address S40 Ship M	rush Dr., Garner 27529	Email Address	
18644			
License #	<u></u>		
	Plumbing Contractor Information	^	
Description of Work	New Const.	_# Baths	
· Cox Bro		919 258-3622	
Plumbing Contractor's		Telephone	
	omas Kelly Rd.	Email Address	
Address OS 644	·	Fuidh Vadioss	
License #			
Insulation Contractor Information			
	sulation II, 519 Old Orug Share	RU 719 661-0999	
Insulation Contractor s	Company Name & Address	i elephone 1	

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

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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			
Osrael Lucas 3/17/14			
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	ЭΓ		
Company or Name Israel Lucas Construction			
Company or Name Israel Lucas Construction Sign W/Title Israel Lucas OWNER Date 3/17/14			

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

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Details: Appointment of Lien Agent

Entry #: 110720

Filed on: 03/17/2014 Initially filed by: Israel

Designated Lien Agent

Project Property

Investors Title Insurance Company

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384 Fas: 913-489-5231

12 Eisenhower Ct Broadway, NC 27505 Harnett County

Property Type

1-2 Family Dwelling



Print & Post

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Date of First Furnishing

Israel Lucas Construction Inc 4432 Fox Run Road Sanford, NC 27330 United States

Email: lucas5@windstream.net Phone: 919-776-1071

03/31/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384

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