

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

Application # 14933

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**

entered  
4.26.08

Owner's Name: Comfort Homes Inc. Date: 4-23-08

Site Address: 135 Moonlight Drive Phone: (919) 553-3242

Directions to job site from Lillington: 401 North, Right on Rawls Church Rd. Left on Atkins Rd. S/P on Right Moonlight Dr.

Subdivision: Stetson Lot: 6

Description of Proposed Work: Construction of Single Family Res #Bedrooms: 3

Heated SF 1661 Unheated SF 810 Finished Rec Room? NO Crawl Space  Slab ( )

**General Contractor Information**

Comfort Homes Inc. (919) 553-3242

Building Contractor's Company Name Telephone

P.O. Box 369 Clayton, NC 27528 33184

Address License #

Shuman Battis Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work: Rough in + trim out Service Size: 200 Amps TPole:  yes  no

Summerfield Electric (919) 975-0599

Electrical Contractor's Company Name Telephone

705 Thanksgiving Volunteer Fire Dept. Rd., Selma, NC 22825-SP5FD

Address License #

James M. Summerfield  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work: Rough in + Trim out of HVAC + other Ventilation

Stephenson Heating + Air (919) 329-0686

Mechanical Contractor's Company Name Telephone

343 Shipwash Dr. Garner, NC 27529 18644

Address License #

Michael H. Sullivan  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work: Rough in + Trim out # Baths \_\_\_\_\_

Morgan Plumbing (919) 934-5622

Plumbing Contractor's Company Name Telephone

105 Meta Dr. Clayton, NC 27520 12126

Address License #

Lusan C. Byrd  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tatum Insulation - 519 Old Drug Store Rd Garner (919) 661-0999

Insulation Contractor's Company Name & Address Telephone

**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 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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

4-23-08  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

\_\_\_ General Contractor    \_\_\_ Owner    X 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.

X 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: Comfort Homes Inc.

Sign w/Title: Shannon Butler General Manager Date: 4-23-08

No Bonus Room

Garage yes

Plan Box Number 4-25-08 AA7

Job Name Comfort

Date: 4-26

Required Inspections for SFA/SFD

Appl. # 08-80019933

Valuation 147,680

Sq. Feet 2273

Sequence

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
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- 999

- R\* Bldg. Footing
- R\* Elec. Temp Service Pole
- 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 > 2500
- Three Trade Rough In
- Three Trade Rough In > 2500
- Two Trade Rough In
- Two Trade Rough In > 2500
- One Trade Rough In
- One Trade Rough In > 2500
- R\* Insulation
- Four Trade Final
- Four Trade Final > 2500
- Three Trade Final
- Three Trade Final > 2500
- Two Trade Final
- Two Trade Final > 2500
- One Trade Final
- One Trade Final > 2500
- Envir. Operations Permit

1661  
576  
36

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Parcel - 04-0674-0046-06  
 Pin - 0665-71-4227

# HARNETT COUNTY OPTIONS FOR BUILDING

SUBDIVISION: STET-06

ADDRESS: 135 MOONLIGHT DRIVE

CITY/STATE: FUQUAY-VARINA, NC 27526

PLAN NUMBER/NAME: 1661GG LAURA

SUPERINTENDENT: \_\_\_\_\_

PRE-APPROVED STATUS: \_\_\_\_\_

**PROGRESS ENERGY PREMISE: 89645011**

DATE: 4/10/08

|                 |                      |              |
|-----------------|----------------------|--------------|
| DIRECT VENT GAS | FIREPLACE            |              |
| 2 BAYS          | BAY WINDOW(S)        |              |
| 10x12           | DECK                 |              |
| 2 CAR           | GARAGE               |              |
| N               | BONUS                |              |
| Y               | CATHEDRAL CEILING(S) | MASTER _____ |
| N               | SUNKEN ROOM          | _____        |
| N               | STORAGE              |              |
| Y               | CRAWL                |              |
|                 | ELEVATION            |              |
| N               | REVERSED             |              |

\_\_\_\_\_  
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