* Each section below to be filled out by whomever performing work. Must be own or licensed contractor. Address, company name & phone must match information or license. Application #_

ensed contractor. Address, company & phone must match information on	Harnett County Central Permitting	19934
9	PO Box 65 Lillington, NC 27546 10-893-7525 Fax 910-893-2793 www.hamett.org/per	mils
	ation for Residential Building and Trade	es Permit Profile
Owner's Name: Confort a	omes anc. Da	ale: <u>4-23-00</u>
Sile Address: 155 Moon / i	cht Drive Phone: 91	1) 553-3242
Directions to job site from Lillingto	on: 401 North, Right on B	awls Church Rol
Letton Atkins Rd.	SID on Right Moon light D	Tu-
Subdivision: Stetson	Lo	<u> 7</u>
Description of Proposed Work: C	anstruction of Single family Res	Bedrooms: 3
Heated SF 2050 Unheated S	F <u>786</u> Finished Rec Room? <u>4<5</u> General Contractor Information	_ Crawl Space Slab ()
Comfort Homes I		-3242
Building Contractor's Company Na	ame Telephone	
PO. Box 369 Clayte	n. NC 27528	33184 License #
Sheemen Botter	Must sign & fill out sec	
Signature of Owner/ContractorOll	icer(s) of Corporation	cond page
Description of Work Rough in	Electrical Permit Information ✓ Inducat Service Size: _200 Am	os TPolezvestuo
Symmerfield Electric	(919)975-0599	
Electrical Contractor's Company N	ame Telephone	
705 Thanksgiving Volunte	er Fire Dart. Rd., Selmane	22825-825FD License #
Marin M.		LICENSE #
Signature of Officer(s) of Corporate	811	
	Mechanical/HVAC Permit Information	
Description of Work Pough in +	Trim out of HVAC + other	Ventaliza
Stephenson Heating + A	4 m . m	0686
Mechanical Contractor's Company	Name Telephone	
	arner, NC 27529	<u> 186 4 4</u> License #
Audydes Litty 5th	<u> </u>	Licerise #
Signature of Officer(s) of Corporation		
ρ , .	Plumbing Permit Information	
Description of Work Rough in 9		allis 5622
Morgon Plumbing Plumbing Contractor's Company Na		0644
_	ton NC 27520 1	2126
Address		License #
Liusan (Bud		
Signature of Officer(s) of Corporation	on Insulation Permit Information	
Tation Tayle	519 old Drug Store Rd Gurnor	(919/1/-0999
Insulation Contractor's Company Na		Telephone

Application #	
rippiidanon ii	

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)		
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		
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 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 4-23-88 Date		
Signature of Owner Contractor Simos (c) Compensation		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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		
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:		
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		
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. X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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. 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.		
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. 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		

HARNETT COUNTY OPTIONS FOR BUILDING

SUBDIVISION:		STET-07		
ADDRESS:		155 MOONLIGHT DRIVE		
CITY/STATE:		FUQUAY-VARINA, NC 27526		
PLAN NUMBER/NAME:		1594BG	SHERMAN	
SUPERINTENDENT:				
PRE-APPROVED ST	ATUS:			
PROGRESS ENERG	Y PREMISE:	<u>.07678490</u>		
DATE:		4/10/08		
DIRECT VENT GAS	FIREPLACE BAY WINDOV	V(S)		
10x12 2 CAR	DECK GARAGE			
FINISHED	BONUS			
Y N N Y	CATHEDRAL CEILING(S) SUNKEN ROOM STORAGE CRAWL		MASTER	
N	ELEVATION REVERSED			

Comfort Homes, Inc.



P.O. Box 369 . Clayton, ON & 27520

June 2, 2008

Ms. Jennifer Brock
Harnett Co. Inspections Dept.
108 East Front Street
Lillington, NC 27546

RE:

Stetson Subdivision

Lots: 5, 6, 7, 9, 20, 21, 36 & 46

Dear Ms. Brock:

19940

This letter is to inform you that the above referenced Lots in the Stetson 2001 Subdivision has changed the electrical contractor to:

LIGHTYEAR ELECTRICAL License # 24726 8 Atlantic Avenue Benson, NC 27504 (919) 202-0604

Should additional information be required please do not hesitate to call (919) 553-3242.

Sincerely,

Sherman Batten

* 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 #_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-993-7525 Fax 910-893-2793 www.hamett.org/permits
Application for Residential Building and Trades Permit

Owner's Name:	Date);
Site Address:	Phone:	
Directions to job site from Lillington:		
Subdivision:	Lot:	
Description of Proposed Work:	#Be	edrooms:
Heated SF Unheated SF Fi	nished Rec Room? Contractor Information	Crawi Space () Slab ()
Building Contractor's Company Name	Telephone	
Address		License #
	Must sign & fill out sec	ond page
Signature of Owner/Contractor/Officer(s) of Con	rporation cal Parmit Information	_
Description of Work Rough in + Tria pal	_Service Size: 200 Am	os TPole (yes/ho
Light Year Electrical	Service (41916)	<u>89-3936</u>
Electrical Contractor's Company Name	i elepnone	2/1-2-1
370 Stapout Rd. Marri Oli Address mark (art)	VENC 28365	License #
Signature of Officer(s) of Corporation	I/HVAC Permit Information	
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Address		License #
Signature of Officer(s) of Corporation	ing Permit Information	
Description of Work	#B	aths
Plumbing Contractor's Company Name	Telephone	
Plumbing Contractor's Company Marie	1015p110110	
Address		License #
Signature of Officer(s) of Corporation Insulat	ion Permit Information	
Insulation Contractor's Company Name & Add	ress	Telephone

crave.

Plan Box Number AAT

Job Name Confort House

Date: 4~25.08

Required Inspections for SFA/SFD

Appl. # 08- 500 19934 Valuation 4 176615 Sq. Feet 2626

Sequence

10	*
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	— K* Building Foundation
30-999	Address Confirmation
30-999	_ Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	_ R*Plumb. Under Slab
40	_ Four Trade Rough In
40	Four Trade Rough In> 2500
40	- Three Trade Rough In
40	Three Trade Rough In> 2500
40	- Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	R* Insulation
	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	*