

\* 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  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

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

Site Address: 415 Moonlight Drive Phone: (919) 553-3242

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

Subdivision: Stetson Lot: 20

Description of Proposed Work: Construction of Single Family Res #Bedrooms: \_\_\_\_\_

Heated SF 2262 Unheated SF 648 Finished Rec Room? Yes 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 Battist 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:  No

Summerfield Electric (919) 975-0599

Electrical Contractor's Company Name Telephone

705 Thanksgiving Volunteer Fire Dept. Rd., Selma NC 22825-SR5FD

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 #

Charles W. Sullivan

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

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

Morgan Plumbing (919) 334-5622

Plumbing Contractor's Company Name Telephone

105 Meta Dr. Clayton, NC 27520 12126

Address License #

Lunan C. Bevil

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.

Shannon Batten  
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 Batten General Manager Date: 4-23-08

Plan Box Number AA-7

Job Name Comfort

Date: 4-25-08

Required Inspections for SFA/SFD

Appl. # 0850019939

Valuation 181,270

Sq. Feet 2790

Sequence

10	_____ /	R* Bldg. Footing
10-30	_____ /	R* Elec. Temp Service Pole
20	_____ /	R* Building Foundation
20	_____ ✓	Address Confirmation
30-999	_____ /	Open Floor
30-999	_____ /	R* Bldg. Slab Insp.
30-999	_____ /	R* Elec. Under Slab
30-999	_____ /	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
40	_____ /	One Trade Rough In > 2500
50	_____ ✓	R* Insulation
60	_____ /	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