* Each section below to be tilled 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

1910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Tr	<u>ades Permit</u>
Owner's Name: Confort Homes Inc.	Date: 4-23-08
Sile Address: 335 Moonlight Drive Phone	(919) 553-3242
Directions to job site from Lillington: 401 North, Right on	Rawls Church Rol
Letton Atkins Rd. S/D on Right Moon light.	Dr.
Subdivision: Stetsoa	Lot: <u>/ 6</u>
Description of Proposed Work: Construction of Single family Re	3#Bedrooms: 3
Heated SF 1612 Unheated SF 846 Finished Rec Room? ND General Contractor Information	Crawl Space K Slab ()
	3 <i>-3242</i>
Building Contractor's Company Name Telephone	<u> </u>
PO. Box 369 Clayton, NC 27528	<u> 33184</u>
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out	it second page
Electrical Permit Information	
Description of Work Nough in + Inmail Service Size: 200	
Symmetriold Electric (1975-05) Electrical Contractor's Company Name Telephone	7 7
705 Thanksgiving Volunteer Fire Dort Rd., Selman	11 22825-SPSFD.
Address)	License #
James M. Jummpeli	
Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information	nn
Description of Work Rough in + Trim out of HVAC + oth	
· · · · · · · · · · · · · · · · · · ·	-0686
Stephenson Heating + Air Mechanical Contractor's Company Name	
343 Shipwash Dr. Garner, NC 27529	18644 License #
Augryles / / H S//	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work Rough in + Trin out	# Baths
TO GOVE TUMPING	-5622
Plumbing Contractor's Company Name 105 Meta Dr. Claytan, NC 27526	12126 License #
Address	License #
Luna (Buo)	
Signature of Officer(s) of Corporation Insulation Permit Information	
	or (919/1/-0999
Tatum Insulation - 519 Old Drug Store Rd Gurn Insulation Contractor's Company Name & Address	Telephone

Application #	

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			
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? yesno			
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. **Line Plant 4-23-08** Signature of Owner/Contractor/Officer(s) of Corporation Date** Date** Date** Date** Date** Date** Date**			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
The undersigned applicant being the:			
The undersigned applicant being the:			
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			
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:			
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			
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.			
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.			
The undersigned applicant being the: General Contractor Owner 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			

Plan Box Number AA-7

Job Name Competer

Date: 5-6-08

Required Inspections for SFA/SFD

Appl. # 68 500 200 10 Valuation 10 4, 73 4 Sq. Feet 1612

Sequence

R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final Trade Final Two Trade Final Trade Final Trade Final Two Trade Final One Trade Fi	00
60 One Trade Final > 2500	
Envir. Operations Permit	