

* 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: 5-5-08

Site Address: 326 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: 36

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

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ 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-SPSFD
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 #

Christopher S. Y...
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Rough in + Trim out # Ballis _____

Morgan Plumbing (919) 334-5622
Plumbing Contractor's Company Name Telephone

105 Meta Dr. Clayton, NC 27520 12126
Address License #

Lusan C. Beal
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.

Shuman Batters
Signature of Owner/Contractor/Officer(s) of Corporation

5-5-08
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.

Company or Name: Comfort Homes Inc.

Sign w/Title: Shuman Batters General Manager Date: 5-5-08

Plan Box Number AA-7

Job Name COMFORT

Date: 5-6-08

Required Inspections for SFA/SFD

Appl. # 0850020011

Valuation \$160,479

Sq. Feet 2470

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

Comfort Homes, Inc.



P.O. Box 369 • Clayton, NC 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:

This letter is to inform you that the above referenced Lots in the Stetson 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

19932
19933
19934
19936
19939
19940
20011
20014

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Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

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

Light Year Electrical Service (919) 689-3936

Electrical Contractor's Company Name _____ Telephone _____

370 Slapout Rd. Mont Olive NC 28365 24726

Address _____ License # _____

Jesse Mark Porter
Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____