

* 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 # _____

20013

Harnett County Central Permilting

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: 84 Saddlebrook 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: 45

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

Heated SF 2005 Unheated SF 669 Finished Rec Room? yes Crawl Space Slab ()

General Contractor Information

Comfort Homes Inc. (919) 553-3242

Building Contractor's Company Name Telephone

PO. 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-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 M. Stephenson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Rough in + Trim out # Ballis _____

Morgan Plumbing (919) 34-5622

Plumbing Contractor's Company Name Telephone

105 Meta Dr. Clayton, NC 27520 12126

Address License #

Luzan 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.

Sherrin Butler
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 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: Sherrin Butler General Manager Date: 4-23-08

Plan Box Number AA-7

Job Name COMFORT

Date: 5-6-08

Required Inspections for SFA/SFD

Appl. # 08500 20013
Valuation \$159,765
Sq. Feet 2459

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit