* 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

Application for Hesidential Editioning and Tra	ues remini
Owner's Name: Confort Homes Inc.	Dale: 4-27-08
	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 I	
7	
	Lot: 4 6
Description of Proposed Work: Construction of Single family Res	#Bedrooms:3
Heated SF 1709 Unheated SF 858 Finished Rec Room? 1/14 General Contractor Information	Crawl Space Sab ()
Comfort Homes Inc. (919) 553	33247
Building Contractor's Company Name Telephone	3 02 (2
P.O. Box 369 Clayton, NC 27528	33184
Address	License #
Must sign & fill out	second page
Signature of Owner/ContractorOfficer(s) of Corporation Electrical Permit Information	
Description of Work Rough in Innated Service Size: 200 A	Amps TPolezyes/no
Summerfield Electric (919)975-059	
Electrical Contractor's Company Name Telephone	
705 Thanksgiving Volunteer Fire Dat. Rd., Selman	1 27875-SPSFD
Address	License #
James M. Jummpuli	
Agriature of Officer(s) of Corporation Mechanical/HVAC Permit Information	11
Description of Work Rough in + Trim out of HVAC + othe	-
ام م	
Stephenson Heatins + Air (917)329- Mechanical Contractor's Company Name Telephon	
343 Shipwash Dr. Garner, NC 27529	18644
yyyds / 1 H S / 1	License #
gnature of Officer(s) of Corporation	
Plumbing Permit Information	
4	Baths
Morgan Plumbing 918934- Plumbing Contractor's Company Name Telephone	-5622
	13126
duress 2	License #
Lunas C. Bud	
ignature of Officer(s) of Corporation	
Insulation Permit Information	(919/11 2000
Catum Insulation - 519 old Drug Store Rd Gurno	- (919/61-0999
nsulation 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? 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 <u>any</u> 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. 4-23-8		
Signature of Owner/Contractor/Officer(s) of Corporation 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.

Plan Box Number	AA-	7

Job Name ComFORT

Date: ___ 5-8-08

Required Inspections for SFA/SFD

Appl. # 0850020014 Valuation 148,460 Sq. Feet 2285

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
50	One Trade Final > 2500
999	Envir. Operations Permit
	- Paramono i orimit