* Each section below to be filled out by whomever performing work. Must be owner or ficensed 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

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Annliantion	for Residential	E'S P. P. C .		
ALCIENTE STREET	IIII: HOEMIONIIAI	4-21101/1111/1 * 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vice Dermit
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	Owner's Name: Confort Homes Inc. Date:
	Site Address: 369 Hinsman Court Phone: (919) 553-3242
	Directions to job site from Lillington: 401 North Left on 5R 1412
	Right of Kingsbrook Circle, Right on Wild Oaks Court To
	Kinsman Court
	Subdivision: Forest Trails Lot: 98
,	Description of Proposed Work: Construction of Single family Rest Bedrooms: 3
!	Heated SF 1709 Unheated SF 258 Finished Rec Room? N/A Crawl Space & Slab ()
	General Contractor Information
	Comfort Homes Tric. (919) 553-3242 Building Contractor's Company Name Telephone
	Building Contractor's Company Name Telephone
	PO. Box 369 Claylon, NC 27528 33184
	Ahrenner Battur Must sign & fill out second page
	Signature of Owner/ContractorOfficer(s) of Corporation
	Description of Work Rough in Vine at Service Size: 200 Amps TPole ves no
	Symmerfield Electric (919)975-0599
1	Electrical Contractor's Company Name Telephone
į	705 Thanksgiving Volunteer Fire Dark Rd., Selmane 22825-SRSFD
ļ	Address #
(Signature of Officer(s) of Corporation
	Mechanical/HVAC Permit Information
	Description of Work Rough in + Trim out of HVAC + other Ventletone
	Mechanical Contractor's Company Name Telephone
- 1	343 Shipwash Dr. Garner, NC 27529 18644
Д	Addrobs / // S//
š	ignature of Officer(s) of Corporation
	Plumbing Permit Information
[Morgan Plumbing 47rin out #Ballis 2,5 Morgan Plumbing 418434-5622
=	
ŀ	Plumbing Contractor's Confipany Name Telephone
F	105 Meta Dr. Clayton, NC27520 12126 Address License #
•	Lugar C. Bud
5	Signature of Officer(s) of Corporation
_	Insulation Permit Information Tatum Insulation - 51906 Drug Store Rd Gurnor (919/61-0999
1	Tatum Insulation - 519 old Drug Store Rd Gurner G16/-0999 Insulation Contractor's Company Name & Address Telephone
i	nsulation contractor's company rights a mutiess . 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 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. 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 по 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: Confort Homes Inc.				

General Manager Date:

Sign w/Title: Sheuner

Plan Box Number_ AA-5

Job Name <u>Com For</u>

Date: <u>6 - 12 - 08</u>

Required Inspections for SFA/SFD

Appl. #<u>085602629</u>| Valuation<u>#148,46</u>0 Sq. Feet<u>2285</u>

Sequence

•	
10	R* Bldg. Footing
10-30	R* Elec Town Come' D :
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
	Four Trade Rough In
40	Four Trade Rough In> 2500
10	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	
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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