* 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 #	
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

A 1	<u>for Residential</u>	ES 28 17 6	***	
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Application	TOT TICSTACITUAL	Dunumu anu	Haucs	reman

Appreciation for freshaential building and frades Ferning	
Owner's Name: Confort Homes TAC. Date:	
Site Address: 445 Kinsman Court Phone: (919) 553-3242	
Directions to job site from Lillington: 401 North Left on 5R 1412	
Right of Kingsbrook Circle, Righton Wild Caks Court To	
Kinsman Court	
Subdivision: Forest Trails Lot: 101	
Description of Proposed Work: Construction of Single family Rest Bedrooms:	
Heated SF 1565 Unheated SF 1629 Finished Rec Room? NO Crawl Space N S	lab ()
General Contractor Information	
Comfort Homes Tnc. (919) 553-3242 Building Contractor's Company Name Telephone	
P.O. Box 369 Clayton, NC 27528 33184	
Address #	
Must sign & fill out second page	
Signature of Owner/ContractorOfficer(s) of Corporation Electrical Permit Information	
Description of Work Mough in In aut Service Size: 200 Amps TPole verno	
Symmerfield Electric (919)975-0599	
Electrical Contractor's Company Name Telephone	
705 Thanksgiving Volunteer Fire Dort, Rd., Selng Ne 27875-SPS Address	F()
License #	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	
Description of Work Rough in + Irim out of HVAC + other Ventaliza	
Stephenson Heatins + Air (919329 - 0686 Telephone	
343 Shipwash Dr. Garner, NC 27529 18644 License #	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work Roushin + Trin out # Baths 2 Morgan Plumbing 418934-5622	
Morgan Plumbing 418934-5622 Plumbing Contractor's Company Name Telephone	
105 Meta Dr. Clayton, NC 27520 12126	
AddressLicense #	
Signature of Officer(s) of Corporation	
Inculation Permit Information	
Tatum Insulation - 519 old Drug Store Rd Garner (919/61-099) Insulation Contractor's Company Name & Address Telephone	9
Tatum Insulation - 519 old Drug Store Rd Garner Telephone Telephone	1

Application #				
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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?				
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 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.				
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: Confort Homes Inc. Sign w/Title: Skeum Sulline General Mauczer Date:				
Sign w/Title: Shemme Sulline General Maucger Date:				

Plan Box Number AA - 5

Job Name Com FORT

Date: 6-12-08

Required Inspections for SFA/SFD

Appl. # 0850020291Valuation # 139, 104Sq. Feet 2141

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
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	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	
999	One Trade Final > 2500
	Envir. Operations Permit