* Each section below to be tilled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone most match information on license.

Harnell County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamelt.org/permits

Application for Residential Building and Trades Permit

- pp. oation .c. Hosiacitta Balla	ing and mades i cinin
Owner's Name: Confort Homes Inc.	Date:
Site Address: 519 Kinsman Count	Phone: (914) 553-3242
· · · · · · · · · · · · · · · · · · ·	Left on 5R 1412
Right of Kingsbrook Circle, Right on Wile	
Kinsman Court	
Subdivision: Forest Trails	Lot: 105
Description of Proposed Work: Construction of Single &	
Heated SF 1907 Unheated SF 765 Finished Rec Ro	om? 4e5 Crawl Space N Slab ()
General Contractor Int	formation
	9) 553-3242
	phone
PO. Box 369 Clayton, NC 27528 Address	<u> </u>
	License #
Signature of Owner/Contractor/Officer(s) of Corporation	sign & fill out second page
Electrical Permit Info	rmation
Description of Work Nough in + Inman Service Size:	200 Amps TPole yes no
	5-0599
Electrical Contractor's Company Name Telep	
705 Thanksgiving Volunteer Fire Date Rd.,	<u>Seling AI (27875-SP</u> SFD License II
	License #
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit	<u>Information</u>
Description of Work Rough in + Trim out of HUAC	+ other Venthelina
	117329-0686
Stephenson Heating + Air Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, NC 27529	18644_
1949 1 1 1 51/	License #
ignature of Officer(s) of Corporation	
Plumbing Permit Infor	malion
	•
	# Ballis 2.5 118434-5622
	Telephone
105 Meta Dr. Clayton NC 27520	17126
Address - '	. License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation Insulation Permit Inform	nalion
Tatum Insulation - 519 old Drug Store Re	S Gurnor (919/6/-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		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
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 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 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: Sheum

General Manager Date:

Plan Box Number	AA	-5
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Job Name Comfor7

Date: 6-12-08

Required Inspections for SFA/SFD

Appl. # 08500 20295 Valuation # 153, 722 Sq. Feet 2366

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	
40	Four Trade Rough In
10	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
50	One Trade Rough In > 2500
	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	One Trade Final > 2500
999	Envir. Operations Permit