* 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.harnett.org/permits
Application for Residential Building and Trades Permit

and the Control of the Transition		1111
Owner's Name: Confort Homes Tinc.	Date:	
Sile Address: 404 Kinsman Court	Phone: (919) 53	
Directions to job site from Lillington: 40/ Nort		
Right of Kingsbrook Circle, Right on	Wild Oaks Count 7	0
Kinsman Court		
Subdivision: Forest Trails	Lot:	3
Description of Proposed Work: Construction of Sin	che family Res /Bedroo	ms:_ 3
Heated SF 1661 Unheated SF 810 Finished F	Rec Room? <u>/ / / / A</u> (Crawl Space (X Slab ()
General Contrac	ctor Information	, ,
Comfort Homes Inc.	<u>(919) 553-32</u>	<u> </u>
Building Contractor's Company Name	Telephone	
P.O. BOX 369 Clayton, NC 2752	8	<i>33184</i>
Address		License #
Thuman Sallud	Must sign & fill out second pa	ıge
Signature of Owner/Contractor/Officer(s) of Corporation		
Description of Work Rough in Innated Service	<u>iit Information</u> Size: Zea O Amos Tt	Pulo coolug
Symmerfield Electric (9)	9)975-0599	ole yeshio
Electrical Contractor's Company Name	Telephone	
		767F 6255
705 Thanksgiving Volunteer fire Dartit	di, selviquie Li	<i>78.75-87</i> .5FD License #
no la		License #
Chamas // Jummgul 2		
Signature of Officer(s) of Corporation Mechanical/HVAC F	Parmit Information	
<u> </u>		u I
Description of Work lough in + Irin out of 1		
Stephenson Heating + Air Mechanical Contractor's Company Name	(919)329-0686	<u> </u>
	Telephone	
343 Shipwash Dr. Garner, NC 27	1329	18644
Addryss / / / </td <td></td> <td>License #</td>		License #
Signature of Officer(s) of Corporation		
Plumbing Perm	it Information	
Description of Work Rough in 4 Trim out		2.5
	# Baths_ 418934-5622	<u> </u>
Morgan Plumbing Plumbing Contractor's Company Name	Talanhona	<u> </u>
105 Nata Da Clartan Na 2757	0 1212	
105 Meta Dr. Clayton, NC 2752 Address	<u> </u>	License #
Lugar C. Bud		
Signature of Officer(s) of Corporation	•	
Insulation Permit	<u>Information</u> /2	3 (á)
Tatum Insulation - 519 old Drug 57	bre Rd Gurnor	119 61-0999 lephone
Insulation Contractor's Company Name & Address	Te	lephone

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		
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.		

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

Has no more than two (2) employees and no subcontractors.

Company or Name: Comfort Homes Inc.

carrying out the work.

Sign w/Title:

Plan Box Number AA-5

Job Name Cam For -Homes Date: 6-12-08

Required Inspections for SFA/SFD

Appl. # 08 50020297 Valuation + 145, 341 Sq. Feet 237

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	
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
	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	=
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit