

* 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 # 0850020244

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

Owner's Name: Comfort Homes Inc. Date: 6-11-08

Site Address: 423 Kingsman Court Phone: (919) 553-3242

Directions to job site from Lillington: 401 North Left on SR 1412
Right off Kingsbrook Circle, Right on Wild Oaks Court To
Kingsman Court

Subdivision: Forest Trails Lot: 100

Description of Proposed Work: Construction of Single Family Res #Bedrooms: 3

Heated SF 1612 Unheated SF 856 Finished Rec Room? N/A Crawl Space Stab ()

General Contractor Information

Comfort Homes Inc. (919) 553-3242
Building Contractor's Company Name Telephone

P.O. Box 369 Clayton, NC 27528 33184
Address License #

Shuman Battis Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Rough in + trim out Service Size: 200 Amps TPole: yes/no

Summerfield Electric (919) 975-0599
Electrical Contractor's Company Name Telephone

705 Thanksgiving Volunteer Fire Dept. Rd., Selma NC 22825-SPSFD
Address License #

James M. Summerfield
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Rough in + Trim out of HVAC + other Ventilation

Stephenson Heating + Air (919) 329-0686
Mechanical Contractor's Company Name Telephone

343 Shipwash Dr. Garner, NC 27529 18644
Address License #

Charles M. Smith
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Rough in + Trim out # Baths 2.5

Morgan Plumbing (919) 34-5622
Plumbing Contractor's Company Name Telephone

105 Meta Dr. Clayton, NC 27520 12126
Address License #

Luanan C. Byrd
Signature of Officer(s) of Corporation

Insulation Permit Information

Tatum Insulation - 519 Old Drugstore Rd Garner (919) 661-0999
Insulation Contractor's Company Name & Address Telephone

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)

1. 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.

Shuman Butler
Signature of Owner/Contractor/Officer(s) of Corporation

6-11-08
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

___ General Contractor ___ Owner X 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.

X 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: Shuman Butler General Manager Date: 6-11-08

HARNETT COUNTY OPTIONS FOR BUILDING

SUBDIVISION: FT-100

ADDRESS: 423 KINSMAN COURT

CITY/STATE: FUQUAY-VARINA, NC 27526

PLAN NUMBER/NAME: 1612GG CHAD

SUPERINTENDENT:

PRE-APPROVED STATUS:

~~PROGRESS ENERGY PREMISE: 87993057~~

DATE: 6/2/08

DIRECT VENT	FIREPLACE	
GAS	BAY WINDOW(S)	
Y		
10X12	DECK	
2 CAR	GARAGE	
N	BONUS	
Y	CATHEDRAL CEILING(S)	MASTER
N	SUNKEN ROOM	
N	STORAGE	
Y	CRAWL	
	ELEVATION	
N	REVERSED	

15" DRIVEWAY TILE
