* 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 #	∂	3	795	

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.hamett.org/permits Application for Residential Building and Trades Permit Owner's Name: Confort Homes TAC. Phone (914) 553-3242 Site Address: 508 Kinsman C Directions to job site from Lillington: 40/ Kingsbrook Circle. Subdivision: Forest Trails Description of Proposed Work: Construction at Single family Rest Bedrooms: Heated SF 1421. Unheated SF 791 Finished Rec Room? Crawl Space / Slab () General Contractor Information **Building Contractor's Company Name** Telephone Clayton NC 27528 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Ejectrical Permit Information** in + Irin all Service Size: 200 Amps TPole yes no (919)975-0599 Symmer Field Electric Electrical Contractor's Company Name Telephone 705 Thanksgivin Volunteer fire Dat Kil, SelmaNe Address Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Trim out of HUAC Stephenson Heating + Air
Mechanical Contractor's Company Name Telephone Garner, NC 27529 343 Shipwash Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Roych in 4- Trin out Morgan Plumbing
Plumbing Contractor's Company Name Telephone Clayton NC 27520 Address Signature of Officer(s) of Corporation Insulation Permit Information Tatum Insulation - 519 old Drug Store Rd Gurnor

Insulation Contractor's Company Name & Address

Application #	3795
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Hamanumana Amaluing to Build Their Own Home				
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 <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 2-15-10 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.				
$\frac{\chi}{\chi}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
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.				
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				

Cral.

Plan Bo	ox Number	ET	Ż

Job Name Forest Trails

Date: 2-16-10

Required Inspections for SFA/SFD

Appl. # 10-50023 795 Valuation 129748 Sq. Feet 1997

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
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
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	One Trade Final > 2500
999	Envir. Operations Permit
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