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

Application # 10 500 24 767

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 Pa

A The American Control of the State of the S	<u>luliuliid alia Trades Peril</u>	<u>iit</u>
Owner's Name: Confort Homes Inc.	Date: _ 7 -	-1-10
Sile Address: 235 Moonlight Drive	Phone: (919) 55	2-77110
Directions to job site from Lillington: 401 North	Right no Royale	Church Pl
Letton Atkins Rd. Span Right	More list D	Chartere
	with the	
Subdivision: Stetson	Lot: //	
Description of Proposed Work: Construction of Single	La famile PartiBourous	
Heated SF 1462 Unheated SF 766 Finished Red	1.	
General Contract	r Information	rawl Space 🎮 Slab ()
Comfort Homes Inc. Building Contractor's Company Name	(919) 553-32°	<i>t2</i>
Building Contractor's Company Name	elenhana	
PO. Box 369 Clayton, NC 27528	<u> </u>	33184
SI 34	•	License #
Signature of Owner/ContractorOfficer(s) of Corporation	lust sign & lill out second pay	е
Final Paradi	Information	
Description of Work Rough in Vinn out Service S Summer Cold Starten (919)	ize: 200 Amps TPc	ole:yes/no
	975-0599	
	elephone / < /	A
705 Thanksgiving Volunteer Fire Date Rd	y selmant La	1825-883F0 -
Comes M. Jum white		License #
Signature of Officer(s) of Corporation		
Mechanical/HVAC Per	<u>mit Information</u>	
Description of Work Rough in + Trim out of HV	10 + other Venth	Love
Stephenson Heating + Air	(919)329-0686	. •
Mechanical Contractor's Company Name	Telephone	
343 Shipwash Dr. Garner, NC 275	29 18	3644
		_icense #
Signature of Officer(s) of Corporation		
Plumbing Permit h	<u>iformation</u>	
Description of Work Rough in out	# Baths	<u>2</u>
Morgon Plumbing Plumbing Contractor's Company Name	417934-5622	· · · · · · · · · · · · · · · · · · ·
Plumbing Contractor's Company Name	Telephone	
105 Meta Dr. Clayton, NC 27520	12126	<u> </u>
-Luna C. Bud	. L .	icense #
Signature of Officer(s) of Corporation	•	
Insulation Permit Inf	ormation	d) , , ,
Tatum Insulation - 519 old Drug Store Insulation Contractor's Company Name & Address	Nd Gurnor	661-0999
insulation Contractor's Company Name & Address /	Telep	hone

Ā	pplication#	•

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
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 7-1-10 Date
orginated of Switch Contractor Chief Contractor
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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
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:
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
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. X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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. 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.
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. 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