* Each section below to be filled out by whomever performing work. Must be owner		Αρ	plication #_	10-500-2	5513
or licensed contractor. Address, company name & phone must match information on icense.	PO Box 6	mty Central Permitt 5 Lillington, NC 27546 -893-2793 www.hamett	J		SCANNED
Appli	<u>cation for Resider</u>	itial Building and	Trades Pe	<u>ermit</u>	11-2-10 DATE
Owner's Name: Comfort	Homes Inc.	4	Date: _		DATE
Site Address: 325 Kinsma	in Count	Phoi	10:(919)	553-3242	
Directions to job site from Lilling	ton: 401 No	rth Lep	LON 5	R 1412	
Right of Kingsbrook	Circle Richt	on Wild Onke	Court	To	
2 Kinsman Court	1.19.0			<u>, </u>	,
Subdivision: Forest Tra	:/5		Lot:	96	
Description of Proposed Work: 4		Sincle fautel			
Heated SF /402 Unheated				Crawl Space	X Slab ()
	General Cor	ntractor Informatio	11	Orawi Opace	V Slab ()
Comfort Homes 1 Building Contractor's Company N	-nc.	(919) 5	53-32	742	
Building Contractor's Company N	lame	Telephone			
PO. Box 369 Clay	ton, NC 273	スミ	•	3318	<u> </u>
Address	<u></u>			License #	
Signature of Owner/Contractor/O	<u>∢⊘</u> Ilicerts) of Comora	Must sign & lill (out second	page	
2 .	Electrical P	ermit Information	2		
Description of Work Nough	in thin outself	rvice Size: 200	_Amps ·	TPole:(yes/no	
Symmerical Electrical Contractor's Company I	Manua	(919)975-05	99		
		Telephone	_	~~~~~	22 - 25
705 Thanksgiving Voluni	er ine Man	i Mdi, selma	116 -	27875-8 License #	POPO.
Common M line		>		License #	
Signature of Officer(s) of Corpora	WOI)				
	Mechanical/HV/	AC Permit Informati			
Description of Work Rough in +	Trim out of	HUAC + of	her Ven	thetien	
Stephenson Heating +	4ir	(919)37	9-068	36	
Mechanical Contractor's Company	y Name	Teleph	one		
343 Shipwash Dr. C	sarner, NC	27529	- -	18644 License #	
Addygles / / H < //	· · · · · · · · · · · · · · · · · · ·			License #	
Signature of Officer(s) of Corporation	011				
4 / y - 1 / y	•				

Description of Work Rough in + Trin out

Morgon Plumbing
Plumbing Contractor's Company Name

105 Meta

Address

Plumbing Permit Information

Telephone

Application #	10-500-25513

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 #-1-10 Date					
· ·					
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:					
The undersigned applicant being the:					
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					
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:					
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					
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					
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. Also 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.					
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					

Plan Box Number <u>C-3</u>

Job Name Forest Trails 96

Date: 11-2-10

Required Inspections for SFA/SFD

Appl. # 10-5-25313 Valuation \$ 128,574 Sq. Feet 1978

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