

\* 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 # \_\_\_\_\_

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: 11-10-10

Site Address: 31 Saddlebrook Dr. Phone: (919) 553-3242

Directions to job site from Lillington: 401 North, Right on Rawls Church Rd  
Left on Atkins Rd, S/D on Right Moonlight Dr.

Subdivision: Stetson Lot: 38

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

Heated SF 1521 Unheated SF 754 Finished Rec Room? N/A Crawl Space  Slab ( )

**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:  no

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

705 Thanksgiving Volunteer Fire Dept. Rd., Selma, NC 22825-SPJFD  
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 Anthony Siler  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Rough in + Trim out # Baths 2

Morgan Plumbing (919) 334-5622  
Plumbing Contractor's Company Name Telephone

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

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

**Insulation Permit Information**

Tertum Insulation - 519 Old Drug Store 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

11-10-10  
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.

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: 11-10-10

