

Each section below to be filled out by homeowner performing work. Must be owner licensed contractor. Address, company name & phone must match information on arise.

Application # _____

Hanwell County Central Permitting
PO Box 65 Lillington, NC 27548

1150027643

910-893-7525 Fax 910-893-2793 www.hanwell.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Comfort Homes Inc. Date: 10-4-11

Site Address: 281 Kinsman Court Phone: (919) 553-3242

Directions to job site from Lillington: 401 North, Letton Christian Light Rd. Right on Kingsbrook Circle, Right on Wild Oaks Court to Kinsman Ct.

Subdivision: Forest Trails Lot: 94

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

Heated SF 1349 Unheated SF 716 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 Batio 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 "T" Pole No

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

705 Thanksgiving Volunteer Fire Dept. Rd., Selma, NC 22825-SP5FD
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 B. Stephenson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Rough in + Trim out # Baths 2

Arbit Plumbing (919) 934-1379
Plumbing Contractor's Company Name Telephone

755 Rock Pillar Rd. Clayton, NC 27520 20823
Address License #

William David Conner
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

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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.

Shannon Batten
Signature of Owner/Contractor/Officer(s) of Corporation

10-4-11
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: Shannon Batten General Manager Date: 10-4-11

Pin = 0644-36-1291.000
Parcel = 080653011502

HARNETT COUNTY OPTIONS FOR BUILDING

Building Code 09

SUBDIVISION: FT-094

ADDRESS: 281 KINSMAN COURT

CITY/STATE: FUQUAY-VARINA, NC 27526

PLAN NUMBER/NAME: 1349GG MARSHALL

SUPERINTENDENT:

PRE-APPROVED STATUS:

PROGRESS
ENERGY
PREMISE: 01484162

DATE: 9/26/11

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

15" DRIVEWAY TILE

Plan Box # H4

Date 10-4-11

Job Name Comfort Homes

App # 1150027643

Valuation \$125070

SQ Feet 1925

Inspections for SFD/SFA

Crawl

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____