

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

Application # _____

Hamell County Central Permitting
PO Box 65 Lillington, NC 27548

910-883 7529 Fax 910 883 2793 www.hamell.org/permits

Application for Residential Building and Trades Permit

Owner's Name Comfort Homes Inc Date 11-15-11

Site Address 462 Moonlight Dr. Phone (919) 553-3242

Directions to job site from Lillington 401 North Right on Rawls Church Rd
Left on Moonlight Dr.

Subdivision Stetson Lot 32

Description of Proposed Work Construction of Single Family Res Bedrooms 3

Heated SF 1490 Unheated SF 695 Finished Rec Room? N/A Crawl Space Slab ()

General Contractor Information

Comfort Homes Inc. Telephone (919) 553-3242

Building Contractor's Company Name

P.O. Box 369 Clayton, NC 27528 License # 33184

Address

Murray Batts 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 1 Pole nu

Sumnerfield Electric Telephone (919) 975-0599

Electrical Contractor's Company Name

705 Thanksgiving Volunteer Fire Dept. Rd., Selma, NC License # 22825-SR5FD

Address

James M. Sumnerfield

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Rough in + Trim out of HVAC + other Ventilation

Stephenson Heating + Air Telephone (919) 329-0686

Mechanical Contractor's Company Name

343 Shipwash Dr. Garner, NC 27529 License # 18644

Address

Charles H. Stephenson

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Rough in + Trim out # Baths 2

Arbit Plumbing Telephone (919) 934-1379

Plumbing Contractor's Company Name

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

Address

William David Conner

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Textum Insulation - 519 Old Drug Store Rd Garner Telephone (919) 661-0999

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

Shenan Battis
Signature of Owner/Contractor/Officer(s) of Corporation

11-15-11
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 Shenan Battis General Manager Date _____

Station # 32

Plan Box # File

Date 11-16-11

Job Name Comfort Homes

App # 11500 27861

Valuation \$131,048

SQ Feet 2017

Inspections for SFD/SFA

Crawl X

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 No

Envir. Health Yes

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____