

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

Application # \_\_\_\_\_

**Hamilton County Central Permitting**

PO Box 65 Lillington, NC 27548

910-1193 7525 Fax 910 893 2793 www.hamilton.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name Comfort Homes Inc Date 12-13-11

Site Address 465 Moonlight Drive Phone (919) 553-3242

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

Subdivision Stetson Lot 22

Description of Proposed Work Construction of Single Family Res Bedrooms 3

Heated SF 1404 Unheated SF 621 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

Morgan Batten 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  2 Pole

Symonsfeld Electric Telephone (919) 975-0599

Electrical Contractor's Company Name

705 Thanksgiving Volunteer Fire Dept. Rd., Selma, NC License # 22825-SP5FD

Address

James M. Symonsfeld  
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 L. Stephenson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Rough in + Trim out # Baths 2

Ambit Plumbing Telephone (919) 934-1379

Plumbing Contractor's Company Name

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

Address

William David Corbin  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Textum Insulation - 519 Old Drug Store Rd Garner Telephone (919) 661-0999

Insulation Contractor's Company Name & Address

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

12-13-11  
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 Shuman Batten General Manager Date 12-13-11

System # 22

Plan Box # A-6

Date 12-13-11

Job Name Comfort Home

App # 11 500 28040

Valuation <sup>\$</sup> 122471

SQ Feet 1885

**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 No

Envir Health Yes

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_