

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Comfort Homes Inc. Date 5-22-12

Site Address _____ Phone _____

Directions to job site from Lillington US 401 N. Right on Chalybeate Spring Rd. Left on Meredith's Lane

Subdivision Meredith's Station Lot 17

Description of Proposed Work Construction of Single Family Home # of Bedrooms 3

Heated SF 1308 Unheated SF 814 Finished Bonus Room? N/A Crawl Space X Slab _____

General Contractor Information

Comfort Homes Inc
Building Contractor's Company Name
P.O. Box 369 Clayton NC 27528
Address
33184
License #

919-553-3242
Telephone
Comforthomes@aol.com
Email Address

Electrical Contractor Information

Description of Work Rough In + Trim out Service Size 200 Amps T-Pole X Yes ___ No

Summerfield Electric
Electrical Contractor's Company Name
705 Thanksgiving Val. Fire Dept. Rd. Selma NC
Address
22825
License #

919-975-0599
Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work Rough In + Trim out
Stephenson Heat + Air
Mechanical Contractor's Company Name
343 Shipwash Dr. Garner NC 27529
Address
18644
License #

919-329-0686
Telephone

Email Address

Plumbing Contractor Information

Description of Work Rough In + Trim out
Thornton's Plumbing
Plumbing Contractor's Company Name
3160 Vinson Rd. Clayton N.C. 27527
Address
22152
License #

Baths 2
919-550-4833
Telephone

Email Address

Insulation Contractor Information

Tatum Insulation - 519 Old Drug Store Rd Garner
Insulation Contractor's Company Name & Address

919-661-0999
Telephone

*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

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

5-22-12
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 Shannon Betts General Manager Date 5-22-12