

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 \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Subdivision Stetson Lot 31

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

Heated SF 1563 Unheated SF 670 Finished Bonus Room? N/A Crawl Space  Slab

**General Contractor Information**

Comfort Homes Inc.  
Building Contractor's Company Name

919-553-3242  
Telephone

P.O. Box 369 Clayton NC 27528  
Address

Comfthomes@aol.com  
Email Address

33184  
License #

**Electrical Contractor Information**

Description of Work Rough in + trim out Service Size 200 Amps T-Pole  Yes  No

Summerfield Electric  
Electrical Contractor's Company Name

919-975-0599  
Telephone

705 Thanksgiving Val. Fire Dep. Rd. Selma NC  
Address

\_\_\_\_\_  
Email Address

22825  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Rough in + trim out + other Ventilation

Stephenson Heating + Air  
Mechanical Contractor's Company Name

919-329-0686  
Telephone

343 Shipwash Dr. Garner NC 27529  
Address

\_\_\_\_\_  
Email Address

18644  
License #

**Plumbing Contractor Information**

Description of Work Rough in + Trimouts # Baths 2

Ambit Plumbing  
Plumbing Contractor's Company Name

919-934-1379  
Telephone

755 Rock Pillar Rd. Clayton NC 27520  
Address

\_\_\_\_\_  
Email Address

20823  
License #

**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

Shenna Batten  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ 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 Shenna Batten General Manager Date \_\_\_\_\_

Plan Box # F4

Date 6-19-12

Job Name Comfort Homes

App # 1250029194

Valuation 135661

SQ Feet 2088

**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 \_\_\_\_\_