Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

**Application for Residential Building and Trades Permit** 

Owner's Name _ Comfort Homes Inc.	Date 7-5-12	
Cito Address	Phone	
Directions to job site from Lillington 401 N., Rt. on Ra	wls Church Rd.	
Letton Atkins Rd. SID on Rt. Hoonlight Dr		
-cr. o.c. Mile.		
Subdivision <u>Stetson</u>	Lot	
Description of Proposed Work Construction of Sinde tamily	Resident of Bedrooms	
Heated SF 1545 Unheated SF 752 Finished Bonus Room? 1	<b>///A</b> Crawl Space _ <b>X</b> Slab	
Confort Homes Inc.	919-553-3242	
Building Contractor's Company Name	Telephone	
P.O. Box 369 Clayton NC. 27528	Contribones @ gol. Com	
Address	Email Address	
33/84		
License #	20	
Description of Work Roushin+ trimout Service Size	ZOOAmps T-Pole X Yes No	
Description of trem 100	919-975-0599	
Summerfield Electric  Electrical Contractor's Company Name	Telephone	
705 Thunksgiving Vol. Fire Depl. Rd. Selma NC		
Address	Email Address	
72825		
License #		
Mechanical/HVAC Contractor Information		
Description of Work Rough in + trimout + other Ventale	919-329-0686	
Stephenson Heating Air Mechanical Contractor's Company Name	7/9-327-2826 Telephone	
Mechanical Contractor's Company Name	relephone	
343 Shipwash Dr. Garner NC. 27529	Email Address	
Address	Email resident	
<u>18644</u>		
License # Plumbing Contractor Information	<u>ion</u>	
Description of Work Rough in + Trimouts	# Baths2	
Description of Work 164, 200	919-934-1379	
Plumbing Contractor's Company Name	Telephone	
755 Rock Pillan Rd. Clayton NC 27520		
Address	Email Address	
70823		
Leanne #		
Insulation Contractor Informat	9/9-661-0999	
Tatum Insulation - 519 ald Drugtone Rel. Garner Insulation Contractor's Company Name & Address	Telephone	
Insulation Contractor's Company Name & Address	F	

7.3 7.1

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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

Themas Sattus		
Signature of Owner/Contractor Officer(s) of Corporation Date		
1100000744		
Affidavit for Worker's Compensation N C G S 87-14		
The undersigned applicant being the		
V 07 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2		
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		
(4) and be about the character of the character of the control of		
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 Confort Homes Inc.		
Sign w/Title Sherran Battles General Manager Date 7-5-62		