

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 10-17-12
Site Address 174 Meredith Lane Phone 919-553-3242
Directions to job site from Lillington US 401 N. Right on Chalybeate Spring Rd. Left on Meredith's Lane

Subdivision Meredith's Station Lot 12
Description of Proposed Work Construction of Single Family Home # of Bedrooms 3
Heated SF 1391 Unheated SF 595 Finished Bonus Room? N/A Crawl Space Siab
General Contractor Information

Comfort Homes Inc 919-553-3242
Building Contractor's Company Name Telephone
P.O. Box 369 Clayton NC 27528 Comforthomes@aol.com
Address Email Address
33184

License #
Electrical Contractor Information
Description of Work Rough In + Trim out Service Size 200 Amps T-Pole Yes No
Summerfield Electric 919-975-0599
Electrical Contractor's Company Name Telephone
705 Thanksgiving Vol. Fire Dept. Rd. Selma NC
Address Email Address
22825
License #

Mechanical/HVAC Contractor Information
Description of Work Rough In + Trim out
Stephenson Heat + Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information
Description of Work Rough In + Trim out # Baths 2
Thornton's Plumbing 919-550-4833
Plumbing Contractor's Company Name Telephone
3160 Vinson Rd. Clayton N.C. 27527
Address Email Address
22152
License #

Insulation Contractor Information
Tatum Insulation - 519 Old Drug Store Rd Garner 919-661-0999
Insulation Contractor's Company Name & Address Telephone

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

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

10-1-12

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 Beattie
Signature of Owner/Contractor/Officer(s) of Corporation

10-17-12
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 Beattie General Manager* Date 10-17-12

