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

Owners Name Comfort Homes Inc.	Date 12-11-12
Owner's Name Comton (IDMLE)	Phone 919-553-3242
Site Address 224 Mered: The Cone	Phone 77-303 52 42
Directions to job site from Lillington 45 401 Nl. Right on Cl	ralybeale spring now
Left on Meredith's Lone	
Subdivision Meredith's Station	Lot9
Description of Proposed Work Construction of Single Family Home # of Bedrooms 3	
Heated SF 1389 Unheated SF 648 Finished Bonus Room? A General Contractor Information	Crawl Space X Siab
Comfort Homes Inc	919-553-3242
Building Contractor's Company Name	Telephone
P.O. Bx 369 Clayton NC 27528	Confithames @ adi con
Address	Email Address
33184	
License # Electrical Contractor Information	on
Description of Work Rough In + Tom out Service Size	Amps T-Pole Yes No
Summerfield Electric	717-113-2311
Flactrical Contractor's Company Name	Telephone
705 Thanksquing Vol. Fire Dept. Rd. Selma UC	Email Address
Address	Littali Address
22825	
License #  Mechanical/HVAC Contractor Inform	nation
Description of Work Rough In + Trimout	
Stephenson Heat + Air	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwosh Dr. Garner NC 27529	
Address	Email Address
18644	
License #	0.0
Plumbing Contractor Information	
Description of Work Rough In + Trim out	# Baths
Thornton's Plumbing Plumbing Contractor's Company Name	919-550-4833
Plumbing Contractor's Company Name	Telephone
3160 Vinson Rd. Clayton N.C. 27527	Email Address
Address	
22152	
License # Insulation Contractor Information	
Tatum Tusulation - 519 Old Drug Store Rd Garn	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

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 12-11-12 Date hum Bellin Signature of Owner/Contractor/Officer(s) of Corporation 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 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 Sign W/Title Menum Battine General Manager Date 12-11-12