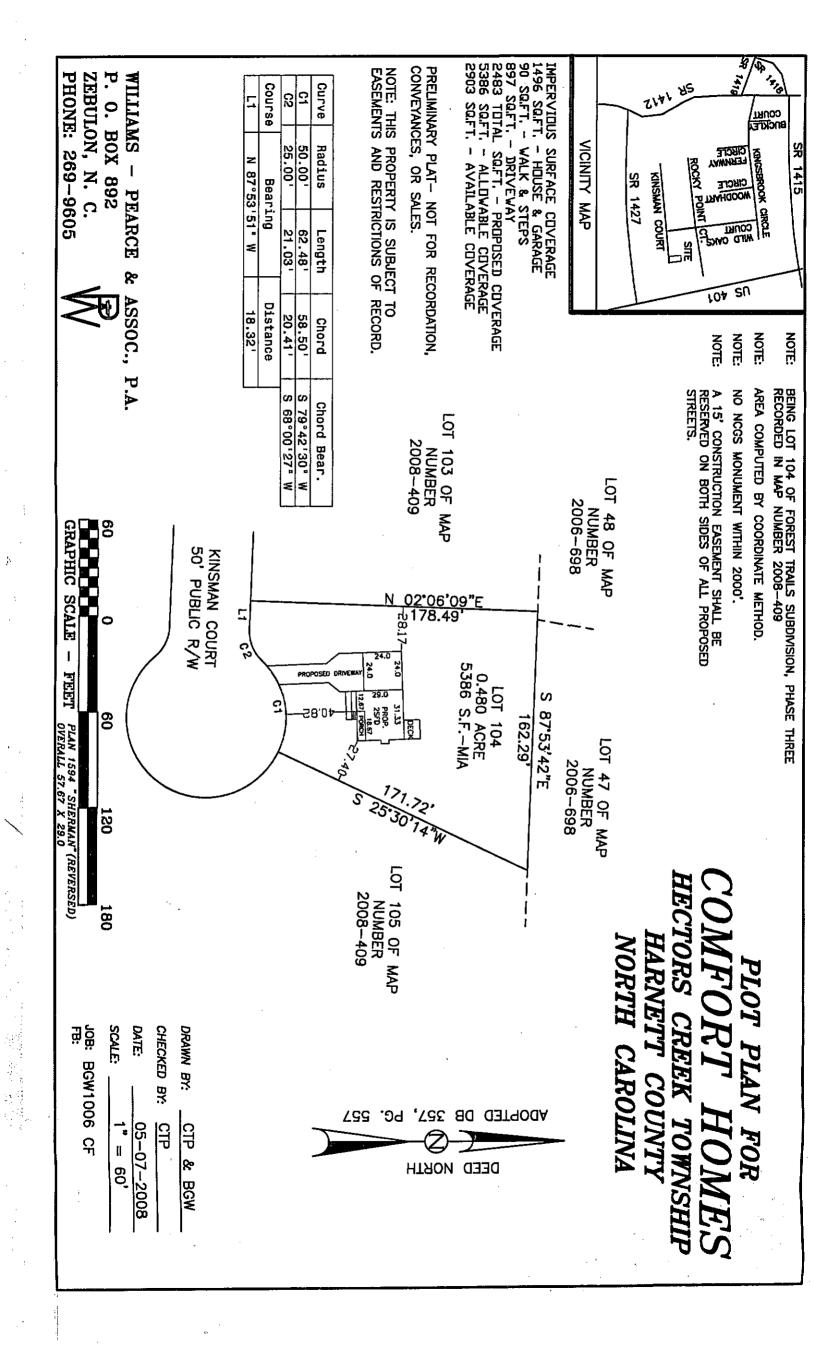
Initial Application Date: 6/12/08	Application # <u>085002</u> 0294
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 8	
LANDOWNER: Comfort Homes Inc. Mailing Addr	ess: B. Box 369
City: Clayton State: MC Zip: 27528 Home #:	
APPLICANT*: Mailing Addr	
City:State:Zip:Home #:_ *Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: Sherman Batter	Phone #: (9/9) 553-3242 or 422-1496
PROPERTY LOCATION: Subdivision: Forest Trails	
State Boad #: 1412 State Boad Name: Christian Light Rol	Mac Book&Page: 2008 / 409
State Road #: 1412 State Road Name: Christian Lisht Roll Parcel: 08.0653.0115.12 PIN: 01	044-410-4212.000
Zoning: R-A-30 Flood Zone: Watershed: Deed Book&F	Page: 7510 1863-REPOWER COMPANY: Proc. 455
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North	
Right on Kingsbrook Circle, Right on Wild Oaks	
Might on Mingsurous Circle, Might on Willa Cons	DUM O O ON MAN COUP
U SFD (Size 58 x 39) # Bedrooms 3 # Baths 2.5 Basement (w/wo bath) Mod (Size x) # Bedrooms # Baths Basement (w/wo bath) Manufactured Home: SW DW TW (Size x) # Bedrooms Duplex (Size x) No. Buildings No. Bedrooms/Unit	Garage Site Built Deck ON Frame / OFF Garage (site built?) Deck (site built?) Hours of Operation: #Employees
Addition/Accessory/Other (Sizex) Use	Closets in addition()yes ()no
*Homes with Progress Energy as service provider need to supply premise number from Water Supply: (X) County (_) Well (No. dwellings) MUST have of Sewage Supply: (X) New Septic Tank (Complete New Tank Checklist) (_) Extended the Structures (existing proposed): Single family dwellings Manufactured	perable water before final isting Septic Tank () County Sewer we hundred feet (500') of tract listed above? ()YES (\(\)NO
Front Minimum 35 Actual 46'	
Rear <u>25</u> <u>72'</u>	
Closest Side V 27'	
Sidestreet/corner lot	
Nearest Building 10 11/A on same lot	
If permits are granted I agree to conform to all ordinances and laws of the State of Nort	h Carolina regulating such work and the specifications of plans submitted
I hereby state that loregoing statements are accurate and correct to the best of my know	wledge. Permit subject to revocation if false information is provided.
Ol RAF	(0/12/08
Signature of Owner or Owner's Agent	Date
respondence en experience en e	

This application expires 6 months from the initial date if no permits have been issued



APPLICATION #;

20294

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

<u>DE</u>	VELOPMENT INFO	<u>RMATION</u>
)	New single family res	idence
Ü	Expansion of existing	
Û	Repair to malfunction	ing sewage disposal system
Ü	Non-residential type o	f structure
	•	
<u>W</u> A	TER SUPPLY	
Ü	New well	
ü	Existing well	
Ü	Community well	\cdot
X	Public water	
ū	Spring	
Are	there any existing well	s, springs, or existing waterlines on this property?
{	yes no { <u>X</u>	unknown
<u>SEI</u>	<u>TIC</u>	
	,	to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
-	} Accepted	{} Innovative
	} Alternative	{}} Other
, ,	Conventional	{} Any he local health department upon submittal of this application if any of the following apply to the property in
		yes", applicant must attach supporting documentation.
()	ÝES {X} NO	Does the site contain any Jurisdictional Wetlands?
{}}	ÝES { Ϫ NO	Does the site contain any existing Wastewater Systems?
{}	YES {X} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}	YES (X) NO	Is the site subject to approval by any other Public Agency?
{}}	YES (K) NO	Are there any easements or Right of Ways on this property?
	YES (X) NO	Does the site contain any existing water, cable, phone or underground electric lines? only at street Rallot
	; ; ,	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
	•	n And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
		Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
		ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The	Site Accessible So That	A Complete Site Evaluation Can Be Performed.
	Sheen 18	atter 4/12/08
PRO	DPERTY OWNERS (OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

HARNETT COUNTY OPTIONS FOR BUILDING

18" DRIVEWAY TILE

SUBDIVISION:		FT-104	<u> </u>	
ADDRESS:		509 KINSMAN COURT		
CITY/STATE:		FUQUAY-VARINA, NC 27526		
PLAN NUMBER	NAME:	1594BG	SHERMAN	
SUPERINTENDI	ENT:			
PRE-APPROVE	D STATUS:			
RROGRESS EN	ERGY-PREMISE:	987037811	···	
DATE:		6/2/08		
DIRECT VENT GAS 2 BAYS 10X12 2 CAR	FIREPLACE BAY WINDOW(S) DECK GARAGE			
FINISHED	BONUS			
Y N N Y	CATHEDRAL CEII SUNKEN ROOM STORAGE CRAWL	LING(S)	MASTER	
Y	ELEVATION REVERSED			