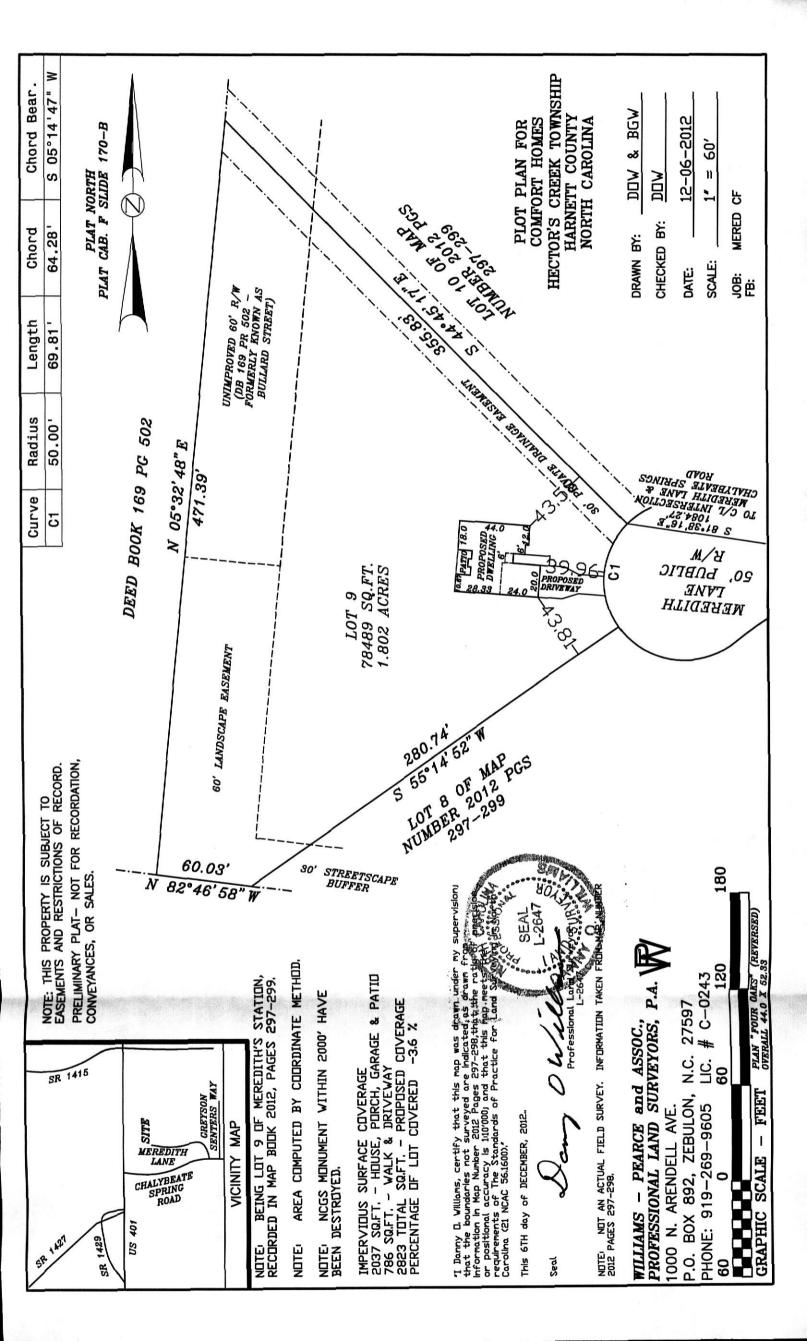
	10	-7/h	1
nitial Application Date:	0	00	10

Central Permitting	108 E. Front Street, Lillingt	on, NC 27546 Phone: (910) 893-752 OR OFFER TO PURCHASE) & SITE PLAN ARE	25 ext:2 Fax: (910) 893-2793	www.harnett.org/permits
BOY WARECORDED SI	urvey map, recorded deed (Port Homes Ti	OR OFFER TO PURCHASE) & SITE PLAN ARE Mailing Address: 71-3253900000000000000000000000000000000000	: REQUIRED WHEN SUBMITTING A I	LAND USE APPLICATION**
City: Clayton	State: NC	Zip: 27528 Contact No: 29-553	1-3242 Email: Conf	thomes @gol.com
		Mailing Address: Po. Box		
City: Clauton *Please fill out applicant inform	State: Mc State of the state of	Zip: 2 7 <i>5 28</i> Contact No: 9/9 -553	-32 42 Email: Com fr	thomes 6 gol. Com
CONTACT NAME APPLY	ING IN OFFICE: Sher	man Batten	Phone #_ 9/9-5 .	53-3242
PROPERTY LOCATION:	Subdivision: Mered	th's Station	Lot #: 9	Lot Size://807ACFq
State Road # 1441	State Road Name:	halybrate Springs Ro	Map Book &	Page: <u>2012 /297-2</u> 99
Parcel: <u>0806540</u>	13908	PIN: <u>0654-6</u>	1.0617.000	
		Deed Book & Page:		
*New structures with Progr	ress Energy as service provid	er need to supply premise number 73	1823362 fro	m Progress Energy.
PROPOSED USE:			T. 1.1.1	
X SFD: (Size <u>45 x</u> S	(Is the bonus room finished)	s:Basement(w/wo bath):///Garaged? () yes () no w/ a closet? ()	اه: المحلق Deck: المحلق Crawl Space yes () no (if yes add in with	Monolithic Slab: # bedrooms)
☐ Mod: (Sizex_		s Basement (w/wo bath) Garaged? () yes () no Any other site b		
☐ Manufactured Home:	SWDWTW (Si	zex) # Bedrooms:0	Sarage:(site built?) Dec	k:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	-	
☐ Home Occupation: #	Rooms:Use	: Hours of Oper	ration:	#Employees:
☐ Addition/Accessory/O	ther: (Sizex) Use	a:	Closets in	addition? () yes () no
Water Supply: X Cou	ntyExisting Well	New Well (# of dwellings using well) *Must have operab	le water before final
Sewage Supply: X Ne	w Septic Tank (Complete Ch	ecklist) Existing Septic Tank (Co	mplete Checklist) Coun	ty Sewer
Does owner of this tract of	land, own land that contains	a manufactured home within five hundre	d feet (500') of tract listed above	? () yes () no
Does the property contain	any easements whether unde	rground or overhead () yes () n	0	
Structures (existing or prop	posed). Single family dwelling	s: Manufactured Hom	es: Other (sp	ecify):
Required Residential Pro	operty Line Setbacks:	Comments:		
Front Minimum	Actual 40			
Rear	170'			
Closest Side	43'	-		
Sidestreet/corner lot				
Nearest Building	_ 4/A_			
on same lot Residential L	and Use Application	Page 1 of 2		03/11

Springs Rd. Left on Mered: the Lane	Righton Chalybeate
Springs Rd. Left on Meredith Lane	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina I hereby state that foregoing statements are accurate and correct to the best of my knowledge. F	Permit Subject to revocation it raise information to provide
Shew Butter	/2-/1-/2 Date
Signature of Owner or Owner's Agent	Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued



December 11, 2012

Comfort Homes, Inc. has an option to purchase Lots 6 & 9, in Meredith's Station Subdivision, recorded in Map Book 2012, Page 297, Harnett County Register of Deeds.

Gel. After Seal (Seal)

I, Patricia F. Waite, do hereby certify that Julian R. Stewart, President of Comfort Homes, Inc., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial Seal, this 11th day of December 2012.

CO Wotary Public

My commission expires 4/2/17.

OF LOTAR L. M. LOT

OWNER NAME: Comfort Homes Inc.

APPLICATION #:	
ALL LICITION III	

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)

DEVELOP	MENT INFO	DRMATION		
New sir	ngle family re	sidence		
Expans	ion of existing	g system		
Repair	to malfunctio	ning sewage disposal system		
Non-res	sidential type	of structure		
WATER SI	UPPLY	_		
□ New w	ell			
□ Existing	g well			
Commi	unity well			
Y Public	water			
Spring		*		
Are there ar	ny existing w	ells, springs, or existing waterlines on this property?		
{}} yes	{_}} no {	} unknown		
SEPTIC			and be applied in order of profe	rance must choose one
		ion to construct please indicate desired system type(s):	can be ranked in order of prefe	rence, must endose one.
{_}} Acce		{}} Innovative		
		{}} Other		
(X) Conv	entional	{}} Any	u i ic cul-fallen	wine apply to the property in
The applica question. I	ant shall notif f the answer i	y the local health department upon submittal of this a s "yes", applicant must attach supporting documentat	pplication if any of the followition.	ving apply to the property in
{ }YES	NO X	Does the site contain any Jurisdictional Wetlands?		
	{ X } №	Does the site contain any existing Wastewater Syst	tems?	
	{ ∑ } №	Is any wastewater going to be generated on the site	other than domestic sewage	?
	{ X } №	Is the site subject to approval by any other Public	Agency?	- +
{X}YES	{} NO	Are there any easements or Right of Ways on this	property? 60' Londseap	e tasement
	{X} NO	Does the site contain any existing water, cable, pho	one or underground electric l	ines?
		If yes please call No Cuts at 800-632-4949 to loca	ate the lines. This is a free se	rvice.
I Have Rea	d This Applic	ation And Certify That The Information Provided Here	in Is True, Complete And Cor	rect. Authorized County And
State Offici	ials Are Grant	ed Right Of Entry To Conduct Necessary Inspections T	o Determine Compliance With	Applicable Laws And Rules
		Solely Responsible For The Proper Identification And I	abeling Of All Property Lines	s And Corners And Making
The Site A	ccessible So T	nat A Complete Site Evaluation Can Be Performed.		
//.	R			12-11-12
PROPER	TY OWNER	The Sor Owners legal representative Si	GNATURE (REQUIRED)	DATE