

Initial Application Date: 2-15-13 B-6 Application # 13500 30656 CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: A+D Properties Mailing Address: 5340 Rock Service Station Rd
City: Raleigh State: NC Zip: _____ Contact No: 27603 Email: _____

APPLICANT: Comfort Homes Mailing Address: P O Box 369
City: Clayton State: NC Zip: 27520 Contact No: 919-553-3242 Email: comfthomes@aol.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Lee Stewart Phone # 919-669-7259

PROPERTY LOCATION: Subdivision: Forest Trails Lot #: 116 Lot Size: 828 acre
State Road # 1412 State Road Name: Christian Light Rd Map Book & Page: 2008, 409
Parcel: 080653011524 PIN: 0644-35-3938.000
Zoning: RA-30 Flood Zone: X Watershed: IV Deed Book & Page: OTP Power Company: Progress Energy
*New structures with Progress Energy as service provider need to supply premise number 43971516 from Progress Energy.

PROPOSED USE:

SFD: (Size 53' x 36.4') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>40'</u>
Rear		<u>25'</u>		<u>95'</u>
Closest Side		<u>10'</u>		<u>15'</u>
Sidestreet/corner lot		<u>NA</u>		
Nearest Building on same lot		<u>NA</u>		

Comments: _____

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Handwritten notes and scribbles at the bottom of the page, including a large 'X' mark and some illegible text.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 North, left on
Christian Light Road, right on Kingsbrook Circle,
right on Wild Oaks Court to Kinsman Court

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Felice Hale

Signature of Owner or Owner's Agent

2-12-13

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

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- NOTE: BEING LOT 116 OF FOREST TRAILS SUBDIVISION, PHASE THREE RECORDED IN MAP NUMBER 2008-409
- NOTE: AREA COMPUTED BY COORDINATE METHOD.
- NOTE: NO NCGS MONUMENT WITHIN 2000'.
- NOTE: A 15' CONSTRUCTION EASEMENT SHALL BE RESERVED ON BOTH SIDES OF ALL PROPOSED STREETS.

DEED FOR RECORDATION,
 IS SUBJECT TO
 RESTRICTIONS OF RECORD.
 EASEMENT COVERAGE
 DRIVE & GARAGE
 & STEPS
 EASEMENT
 - PROPOSED COVERAGE
 - AVAILABLE COVERAGE

By that this map was drawn under my supervision,
 surveyed are indicated as drawn from
 2008-409, that the ratio of precision or
 000), and that this map meets the requirements
 of the North Carolina Professional Land Surveying
 Act.

17th, 2013.



Professional Land Surveyor
 L-2481

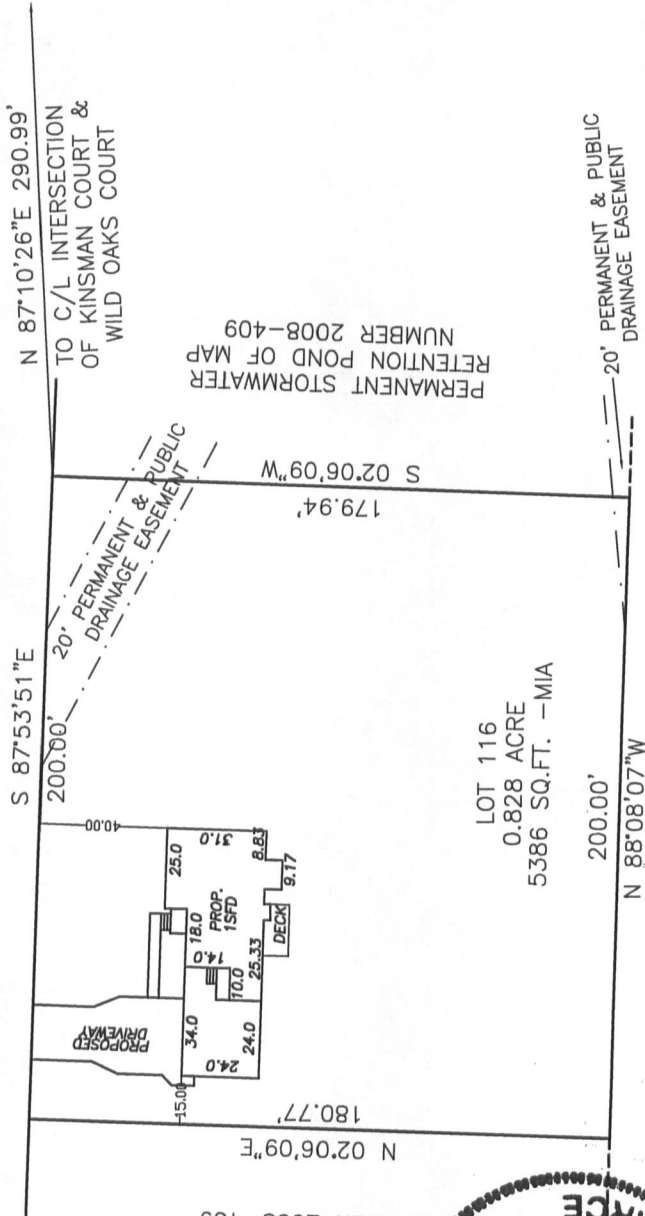
FIELD SURVEY. INFORMATION TAKEN FROM

**PEARCE and ASSOC.,
 LAND SURVEYORS, P.A.**

1000 W. WILSON AVE.
 WILSON, N.C. 27597
 9605 LIC. # C-0243

PLOT PLAN FOR COMFORT HOMES HECTORS CREEK TOWNSHIP HARNETT COUNTY NORTH CAROLINA

KINSMAN COURT
 50' PUBLIC R/W



PERMANENT STORMWATER
 RETENTION POND OF MAP
 NUMBER 2008-409

DEED NORTH
 ADOPTED DB 357, PG. 557

DRAWN BY: CTP & BGW

CHECKED BY: CTP

DATE: 01-21-2013

SCALE: 1" = 60'

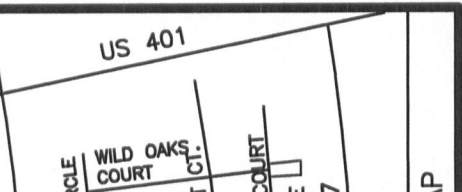
JOB: BGW1006 CF
 FB:

JONATHAN V. GRIFFIN
 DB 919 PG 589



PLAN 1378 "DON"
 OVERALL 77.0 X 36.33

GRAPHIC SCALE - FEET



31-A-215

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NAME: A+D Properties

APPLICATION #: _____

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

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)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference. must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands? unknown
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines? - only @ street right of way

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely 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.

Ralfe Wake
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-13-13
DATE

The undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original as the same appears from the records of the court.

Subscribed and sworn to before me this 1st day of June, 1900.

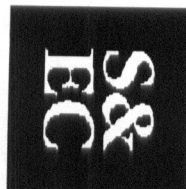
Notary Public for the State of New York.

Witness my hand and the seal of my office this 1st day of June, 1900.

Attest:

Notary Public for the State of New York.

Witness my hand and the seal of my office this 1st day of June, 1900.



Soil & Environmental Consultants, PA
11010 Turner Bridge Road • Edinboro, North Carolina 27614 • Phone: (919) 846-5900 • Fax: (919) 846-9467
www.SandEC.com

Transmittal

To: Earl Davis Project #: 8598-53 Date: 11-16-12
5340 Rock Service Station Project Name: Forest Trails, Lots 116, 117
Raleigh, NC 27603. File: _____

- Please Transmit to you Herewith:
- Drawings
 - Specifications
 - Brochures or photos
 - Correspondence
 - As per your request
- For your information and files
- For comment or approval
 - Returned for correction, resubmit
 - Approved as noted
- Under Separate Cover:
- By mail
 - By courier
 - By express

No. Copies	Document No.	Date	Description
1		11-16-12	Field layout spec sheet, lot 116
1		11-16-12	Field layout spec sheet, lot 117
1		11-16-12	SWEEP Map of lots 116, 117

Remarks: Earl, attached is the information from our site meeting this week. Let me know what you need from me or what you want to do next. I recommend to apply to the county health department for a permit so they can review the soil and the proposed loading rate.

By: Ben Willis

cc: _____

Lot 116
Project No. 88886 S3

LINE #	FLAG	BS (ft)	HI (ft)	FS (ft)	ELEVATION (ft)	FLAGGED
TBM-1	COLOR	0.30	100.30		100.03	LINE LENGTH (ft)
INSTR. 1						
1	RED			8.10	92.28	65
2	BLUE			7.00	93.80	125
3	ORANGE			5.80	94.80	105
4	YELLOW			4.60	95.70	90
5	RED			3.80	96.70	65
6	BLUE			2.80	97.70	50

LINE	LTAR	SYSTEM	SOIL	SYSTEM	DISTRIBUTION	DESIGN FLOW (GPD)
LENGTH	DEPTH	TYPE	LTAR	Imagined	PRESSURE	950
System	230	0.40	NA	0.40	Imagined	MANIFOLD
Repair	270					
Total						500

Notes: **TBM-1 TOP OF EIP, SEE MAP.
 **TBM-1 is assumed to be 100.00'

SYSTEM AND REPAIR IS 25 FT FROM HOUSE

**All measures in feet.
 **All station lines are demonstrated on contour via colored pin flags.
 **BS, FS indicate rod readings.

1950-1951
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2020-2021
2022-2023
2024-2025

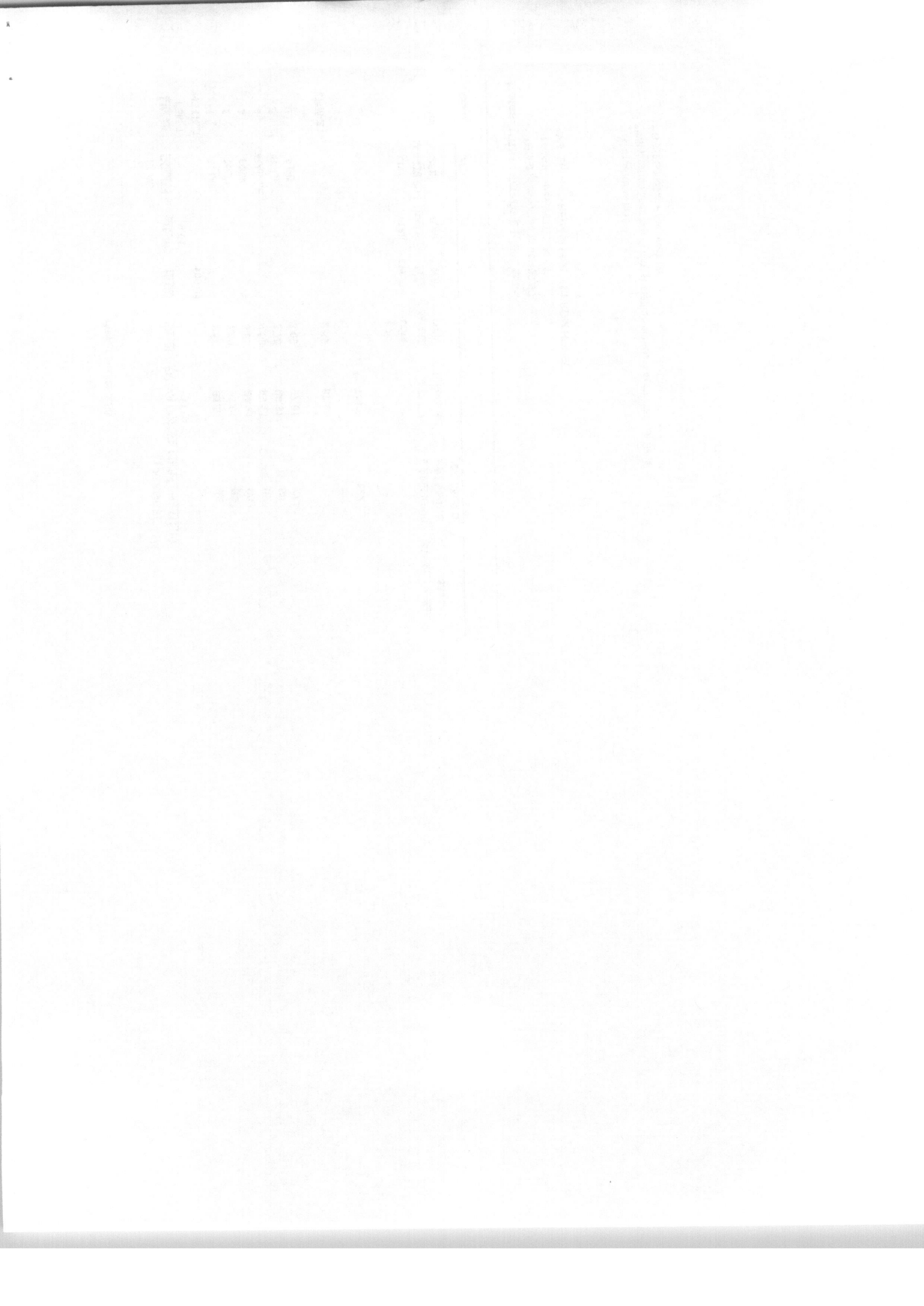
Lot 117
Project No. 05593.S3

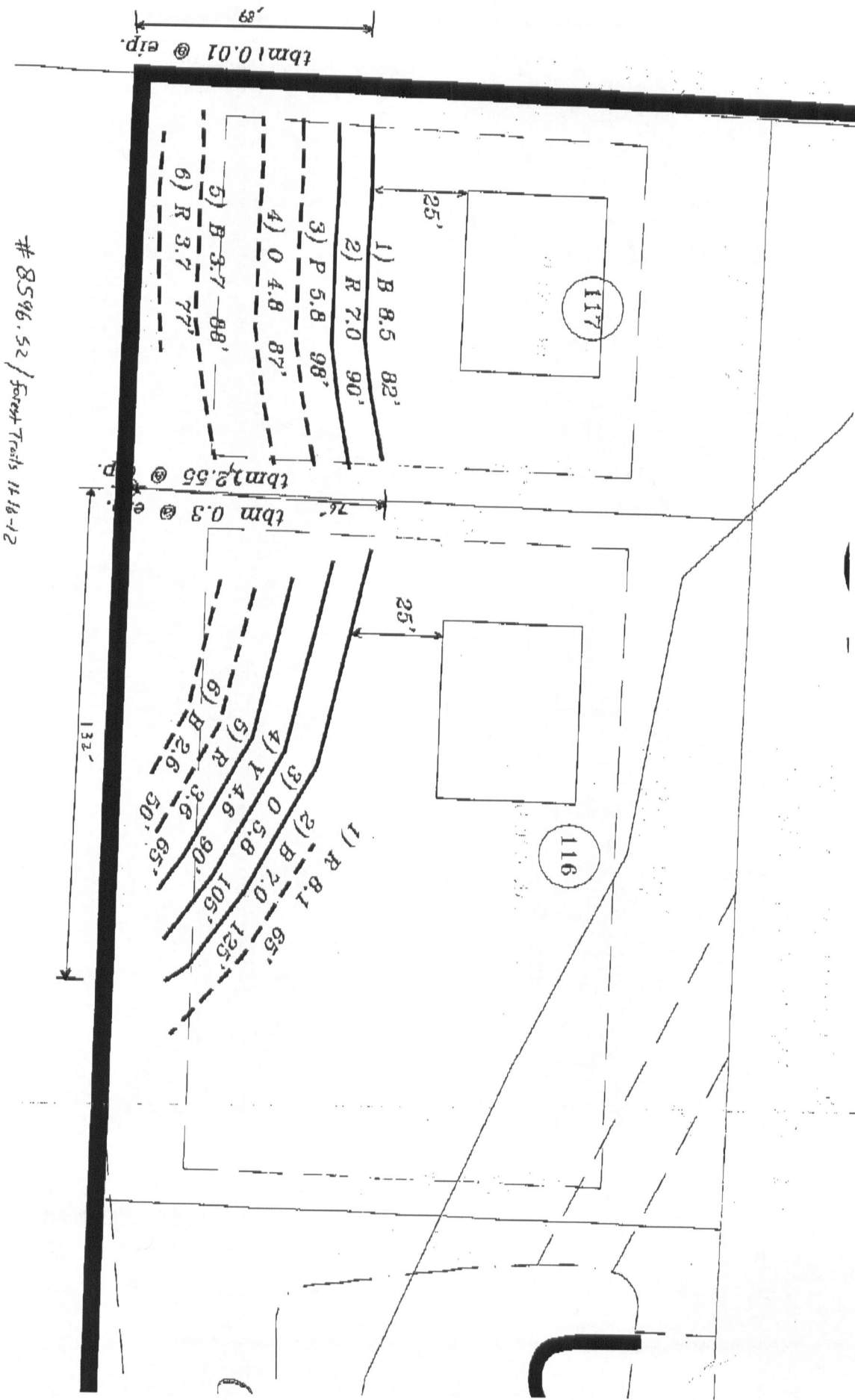
LINE#	FLAG	BS (ft)	HI (ft)	FS (ft)	ELEVATION (ft)	LINE LENGTH (ft)	FLAGGED
TBM-1		0.01	100.01		100.00		
INSTR. 1							
1	BLUE			8.50		82	
2	RED			7.00		90	
3	PINK			5.80		98	
4	ORANGE			4.80		87	
5	BLUE			3.70		88	
6	RED			3.00		77	
TBM-2				2.55		97.48	
					Total	522	

LINE	LENGTH (ft)	LTAR	SYSTEM	LTAR	SYSTEM	DISTRIBUTION	DESIGN FLOW (GPD)
System	252	0.40	N/A	0.40	Intervalled	PRESSURE	350
Repair	270					MANIFOLD	

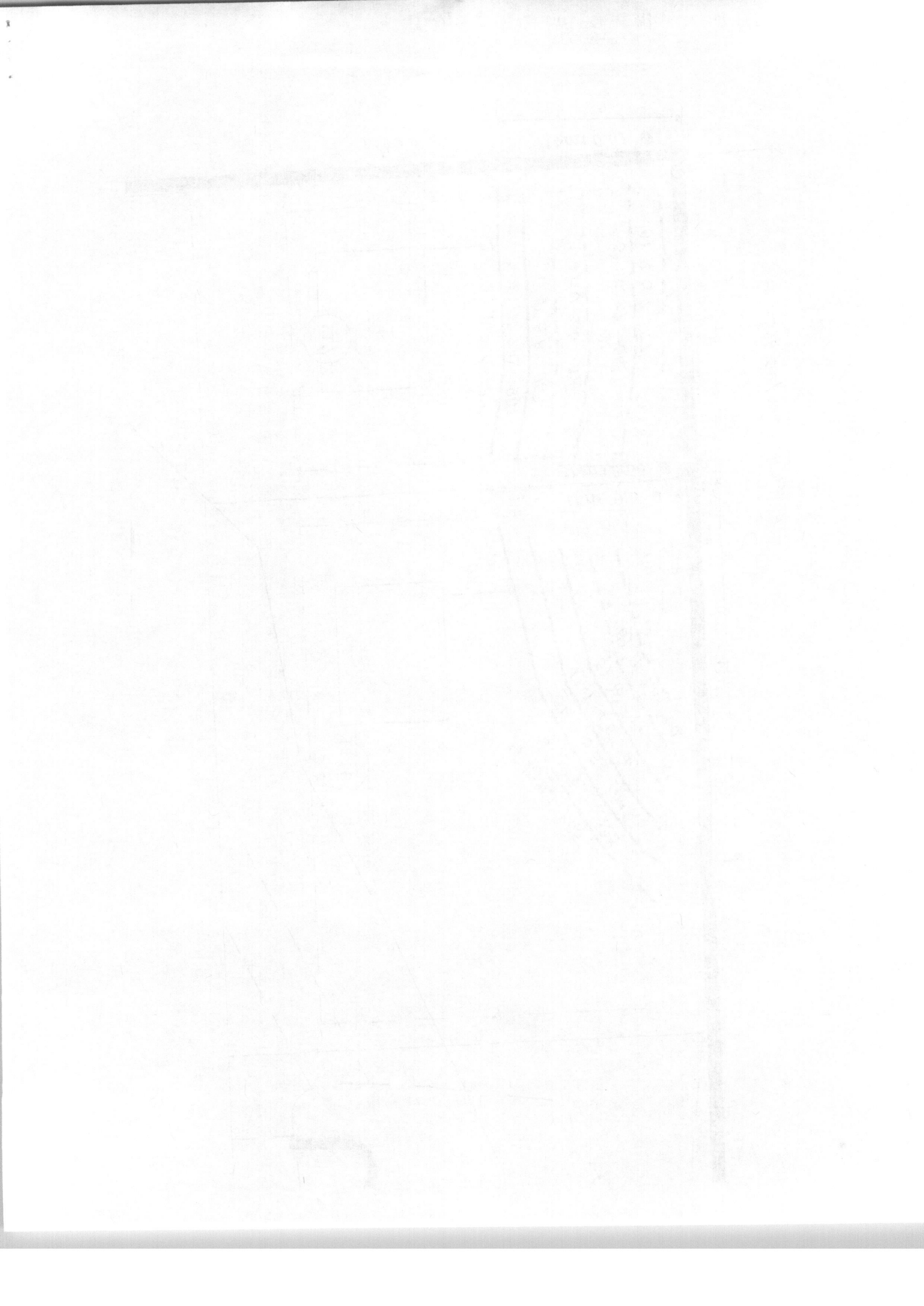
Notes: *TBM 1 TOP OF EIP, SEE MAP.
 **TBM 1 is assumed to be 100.00'.
 **TBM 2 is top of OTHER EIP
 SYSTEM AND REPAIR IS 25 FT FROM HOUSE

**All measures in feet.
 **Notification lines are demonstrated on contour via colored pin flags.
 **BS, FS indicate rod readings.





8596.52 / Forest Trails 11-18-12




February 1, 2013

Comfort Homes, Inc. has an option to purchase Lots 116 & 117, in Forest Trails Subdivision, recorded in Map Book 2008, Page 409, Harnett County Register of Deeds.

 (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 1st day of February 2013.

 (Notary Public)

My commission expires 4/2/17.





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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 A+D Properties Date 2-12-13
Site Address 310 Kinsman Court Phone 919-553-3242
Directions to job site from Lillington 401 North, left on Christian Light Road, Right on Kingsbrook Circle, Right on Wild Oaks Court to Kinsman Court
Subdivision Forest Trails Lot 116
Description of Proposed Work Construction of single family home # of Bedrooms 3
Heated SF 1318 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Comfort Homes Inc 919-553-3242
Building Contractor's Company Name Telephone
PO Box 309, 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 Dep. Rd. Selma NC
Address
22825
License #

Mechanical/HVAC Contractor Information

Description of Work Rough in + trim out + other Ventilation
Stephenson Heating + Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC 27529
Address
18644
License #

Plumbing Contractor Information

Description of Work Rough in + Trimouts # Baths _____
Ambit Plumbing 919-934-1379
Plumbing Contractor's Company Name Telephone
755 Rock Pillar Rd. Clayton NC 27520
Address
20823
License #

Insulation Contractor Information

Tatum Insulation - 519 old Drug Store Pl. 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

Handwritten title or section header.

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all

SIEY

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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

Palle White
Signature of Owner/Contractor/Officer(s) of Corporation

2-12-13
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 Palle White, assist. Proj. Mgr. Date 2-12-13

