| | 4/22/2013 | |
|---------------------|-----------------|--|
| Initial Application | Date: "LL, Loro | |

| Application # | 1350031 | 179 |
|---------------|---------|-----|
| | | |

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

on same lot

Residential Land Use Application

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 ____ Mailing Address: P O Box 369 LANDOWNER: Comfort Homes, Inc. Email: comfrthomes@aol.com State: NC Zip: 27528 Contact No: 919 553 3242 Clayton City: APPLICANT*: Comfort Homes, Inc.

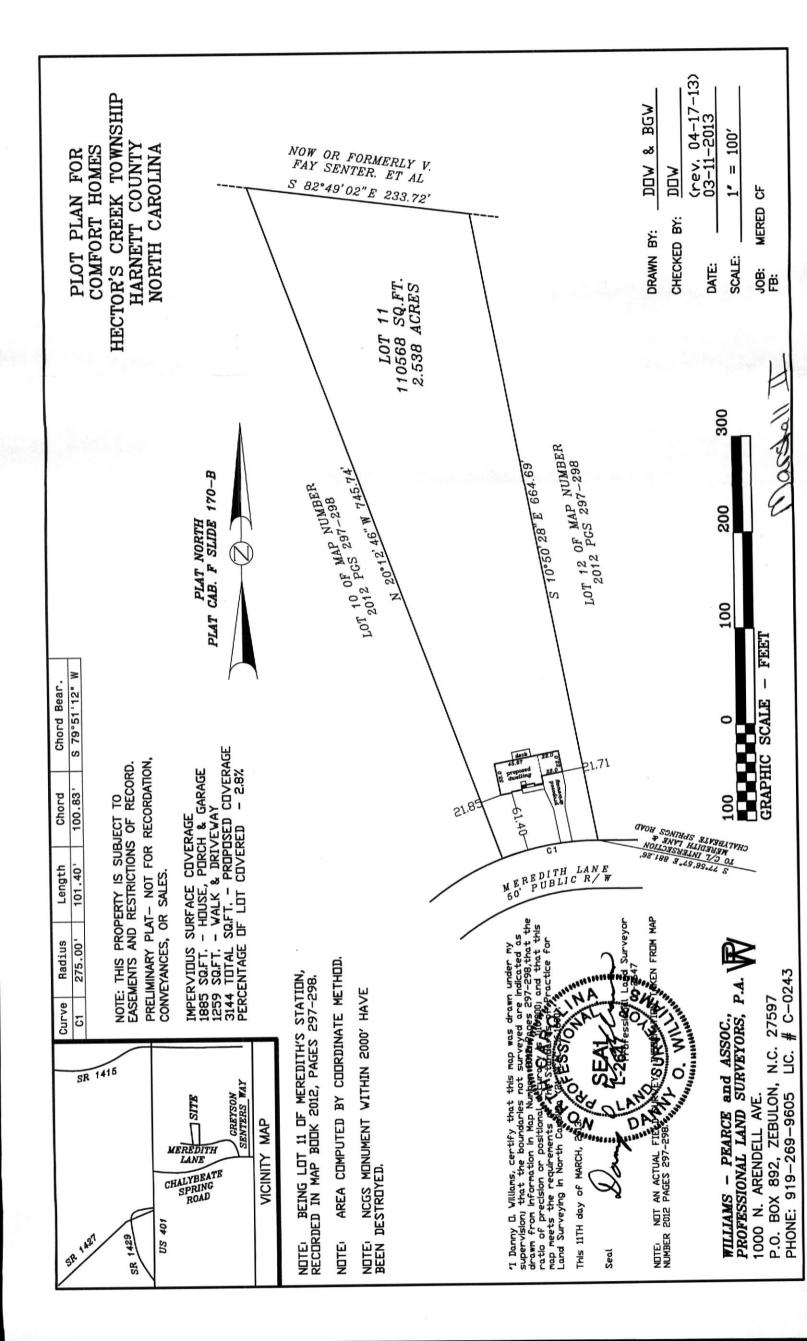
City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aol.com

*Please fill out applicant information if different than landowner _____Phone #_919 669 7259 CONTACT NAME APPLYING IN OFFICE: Lee Stewart PROPERTY LOCATION: Subdivision: Meredith's Station Lot #: 11 Lot Size: 2.538 ac State Road Name: Meredith Lane State Road # 192 Parcel: 080654013910 ___ Watershed: IV ____ Deed Book & Page: 3103 _Flood Zone: *New structures with Progress Energy as service provider need to supply premise number 84475301 PROPOSED USE: SFD: (Size 67'8" x 33') # 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: _____ 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 of proposed) Single family dwellings: proposed Manufactured Homes:_____ Other (specify):____ Comments: Required Residential Property Line Setbacks: Actual 61' Minimum 35' Front 25' 652 Rear 10 Closest Side n/a Sidestreet/corner lot n/a Nearest Building

| PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401N, right on Chalybeate Springs Rd, Left on Meredith's Lane | | | | | | |
|---|---|---|--|-------------------------|-------------------------|----------------------------|
| | | (6.3) <u></u> | . 1659 | | | |
| | 5 | in the factures for | | | | |
| | und | 2 | | | | |
| | | | | | | |
| | | 1 | | | | |
| permits are granted I agree to hereby state that foregoing sta | o conform to all or atements are acc | rdinances and laws of the State urate and correct to the best of r | of North Carolina re ny knowledge. Perr | egulating such work and | the specifications of p | olans submitt provided. |
| Confe | Signature of C | Sund Du Owner or Owner's Agent | | Date | 5 | |
| | alla | 80 ON 7 DO | CX | | | |

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



NAME: Confat Homes Inc

| 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 APPLICA | ATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED. THEN THE IMPROVEMENT |
|---|--|
| PERMIT OR AUTHORIZATION TO CONS | TRUCT 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) |
| depending upon documentation submittee. (| CONTIDMATION # |

910-893-7525 option 1

CONFIRMATION #_

Environmental Health New Septic SystemCode 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.

| • US | e Click2Gov | of IVA to field festitis. Office approved, proceed to Octified Fermitting for Fermitting Permitter |
|---------------------------|----------------------------------|--|
| SEPTIC If applying f | or authorizatio | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| {_}} Accep | | {}} Innovative {} Any |
| {} Alten | | {}} Other |
| The applicar question. If | nt shall notify the answer is | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |
| {_}}YES | {_}} NO | Does the site contain any Jurisdictional Wetlands? |
| {_}}YES | { ∑ } № | Do you plan to have an <u>irrigation system</u> now or in the future? |
| {_}}YES | $\{\underline{X}\}$ no | Does or will the building contain any drains? Please explain |
| {}}YES | $\{\underline{X}\}$ NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| {_}}YES | NO K | 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 | NO (X | Are there any Easements or Right of Ways on this property? |
| {_}}YES | NO IT | Does the site contain any existing water, cable, phone or underground electric lines? - only Street right |
| | | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. |
| I Have Read | This Applicati | ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| State Official | ls 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. PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

10/10

PID-080654013910 PIN:0654-62.2019.000

HARNETT COUNTY OPTIONS FOR BUILDING

Building Code 12

| SUBDIVISION: | | MS-11 | | |
|-----------------------------|---------------------------------------|---------|----------|-------------|
| ADDRESS: | | 192 ME | REDITH L | ANE |
| CITY/STATE: | | FUQUA | Y-VARINA | A, NC 27526 |
| PLAN NUMBER/NAM | IE: | 1395G | 3 | MARSHALL |
| SUPERINTENDENT: | | LEE | | |
| PRE-APPROVED ST. | ATUS: | | | |
| PROGRESS ENERGY PREMISE: | | 844753 | 01 | |
| DATE: | | 4/22/20 | 13 | |
| | - | | ÷ | |
| VENTLESS GAS | FIREPLAC | | | |
| Y | BAY WIND | oow(S) | | |
| SEE PLAN 2 CAR | DECK GARAGE | | | |
| N | BONUS | 8 | | 4 |
| N N Y | CATHEDF SUNKEN STORAGE CRAWL | ROOM | NG(S) | |
| 1 | ELEVATION REVERSE | | | |

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

| | 0-12 1-13 |
|---|---------------------------|
| Owners Name Comfort Homes Inc. | Date 4 dd 13 |
| Site Address 192 Meredith Lane | Phone 919-553-3342 |
| Directions to job site from Lillington US 401 N. Right on C | halybeate Spring Rd. |
| Left on Meredith's Lone | |
| | |
| Subdivision Meredith's Station | Lot |
| Description of Proposed Work Construction of Single Family | Home # of Bedrooms |
| Heated SF 1395 Unheated SF 484 Finished Bonus Room? | Crawl Space LLA Siab |
| General Contractor Information | on |
| Confort Homes Inc | 919-523-3242 |
| Building Contractor's Company Name | Telephone |
| POBOX 30A Clayton NC 20528 | Confethomes @ aol. Con |
| Address | Email Address |
| 33184 | 91 |
| 1 | 0.0 |
| Electrical Contractor Information | ZOOAmps T-PoleYesNo |
| Description of Work Vogasta | 919-975-0599 |
| Summerfield Electric Electrical Contractor's Company Name | Telephone |
| 705 Thunksgiving Vol. Fire Ded. Rd. Selma NC | |
| Address | Email Address |
| 72825 | |
| 11 | mation |
| Mechanical/HVAC Contractor inter | Ve. |
| Description of Work Roughin + trimout + other Ventale | 919-329-0686 |
| Sterhenson Heating + Air | Telephone |
| Machania Contractors Company Name | Telephone |
| 343 Shipwash Dr. Garne-NC-27529 | Email Address |
| Address | |
| <u>18644</u> | |
| License # Plumbing Contractor Informat | tion |
| Description of Work Rough in + Trimouts | # Baths |
| Description of Work That I have a second of the second of | 919-934-1379 |
| Ambit Plumbing Plumbing Contractor's Company Name | Telephone |
| 755 Rock Pillan Rd. Clayton NC 27520 | |
| Address | Email Address |
| 20823 | |
| License # Insulation Contractor Informa | tion. |
| Insulation Contractor informs | 9/9-161-0999 |
| Tatum Insulation - 519 old Drugtould. Garner | 9/9-66/-0999 Telephone |
| Insulation Contractor's Company Name & Address | |

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

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.

| is as per current fee schedule | |
|---|-------|
| Falle Water 4-22-13 | - |
| Signature of Owner/Contracto Officer(s) of Corporation Date | |
| Affidavit for Worker's Compensation N C G S 87-14 | Š |
| 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 set forth in the permit | vork |
| Has three (3) or more employees and has obtained workers compensation insurance to cover the | m |
| Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to covithem | er |
| Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurar covering themselves | ice |
| 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 to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work | orior |
| Company or Name Confist Hones In | _ |
| Sign W/Title Dallie Wile aust being Date 422-17 | 3 |
| | |

1917

Frey H

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 6096

Filed on: 04/25/2013

Initially filed by: ComfortHomes

Designated Lien Agent Project Property

WFG National Title Insurance Company Meredith's Station Subdivision, Lot 11 192 MEREDITH

Online:

LANE FUQUAY-

www.liensnc.com

VARINA, NC

(http://www.liensnc.com)

Address: 19 W.

27526

Hargett St., Suite 507

Tax Parcel ID: 080654013910

/ Raleigh, NC 27601

Raieign, NC 27

Phone:

888-690-7384

Pre-Permit

Fax: 913-489-5231

Workers

Email:

support@liensnc.com

(mailto:support@liensnc.com)

Williams & Pearce Land Surveyors, P

O Box 892, Zebulon, NC 27597,

Property -

919-269-9605

Type

1-2 Family Dwelling Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Comfort Homes, Inc. P O Box 369 Clayton, NC 27528 Email: comfrthomes@aol.com Phone: 919-553-3242

Contractor Information

Comfort Homes, Inc. P O Box 369 Clayton, NC 27528

Email: comfrthomes@aol.com

Phone: 919-553-3242

Technical Support Hotline: (888) 690-7384

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