Initial Application Date: 08/13/	2013	j		Application # 135	50031948
Central Permitting A RECORDED SURVE	COUNTY 08 E. Front Street, Lilling Y MAP, RECORDED DEED	ton, NC 27546 Ph	IDENTIAL LAND USE A Ione: (910) 893-7525 ext - SE) & SITE PLAN ARE REQI	CU#_ PPLICATION :2 Fax: (910) 893-2793 UIRED WHEN SUBMITTING A L	www.harnett.org/permits
LANDOWNER: Comfort Hon	nes, Inc.	N	Mailing Address: P O Bo	x 369	
City: Clayton	State: NC	_ Zip: 27528 _ Cont	act No: 919-553-3242	Email: comfrthor	nes@aol.com
APPLICANT*: Comfort Hom	es, Inc.	Mailing Address	P O Box 369		
City: Clayton *Please fill out applicant informatio	State:_NC	Zip: 27528 Cont	act No: 919-553-3242	Email: comfrthor	nes@aol.com
*Please fill out applicant informatio	n if different than landowner $ ilde{\hat{h}}$	RAGE	(M. 1)		
CONTACT NAME APPLYING	IN OFFICE: Lee Stewa	art		Phone #	9
PROPERTY LOCATION: Sub-				Lot #:	Lot Size <u>:</u> .576 acre
State Road #	State Road Name: _R	awls Church Road		Map Book & F	Page: 2008/193-200
Parcel:040674004610			N:0665-70-7997.000		
Zoning: RA-30 Flood Zone	e: Watershed:_	V Deed Book	& Page: OTO	Power Company*: D	uke Progress Energy
*New structures with Progress	Energy as service provid	der need to supply pro	emise number 0059249	2 from	n Progress Energy.
☐ Mod: (Sizex	(Is the bonus room finish) # Bedrooms # Bath (Is the second floor finish	ed? () yes () n ns Basement (w/v ned? () yes () n	o w/ a closet? () yes /o bath)Garage: o Any other site built a	Deck: Crawl Space () no (if yes add in with ♯ Site Built Deck: Or dditions? () yes () no	bedrooms) Frame Off Frame
Duplex: (Sizex) No. Buildings:	KAGENo. Bedro	poms Per Unit:	1 See	
☐ Home Occupation: # Roo	ms: Use);	Hours of Operation		#Employees:
☐ Addition/Accessory/Other	: (Sizex) Us	se:		Closets in	addition? () yes () no
Water Supply: _✓_ County	Existing Well	New Well (# of c	wellings using well) *Must have operab	e water before final
Sewage Supply: <u>✓</u> New S	eptic Tank (Complete Cf	necklist) Exist	ing Septic Tank (Comple	te Checklist) Count	y Sewer
Does owner of this tract of land	d, own land that contains	a manufactured hom	e within five hundred fee	t (500') of tract listed above	? () yes (✓) no
Does the property contain any	easements whether und	erground or overhead	() yes (<u></u> ✓) no		
Structures (existing or propose	d): Single family dwelling	gs: proposed	Manufactured Homes:_	Other (sp	ecify):
D ' d D 'd '' - 1 D	4. Line C. d L.				
Required Residential Proper Front Minimum 35'	Actual 37'	Comments:			
25'	125'	se:	190		
Closest Side 10'	35'	- 1	17		
Sidestreet/corner lot n/a	-			***************************************	
Nearest Building n/a		v web			
on same lot	Use Application	(ACENO)	age 1 of 2		03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 N, right on Rawls Church Rd, left on Atkins road, subdivision on right

f 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.

FILICAT:

Signature of Owner or Owner's Agent

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.

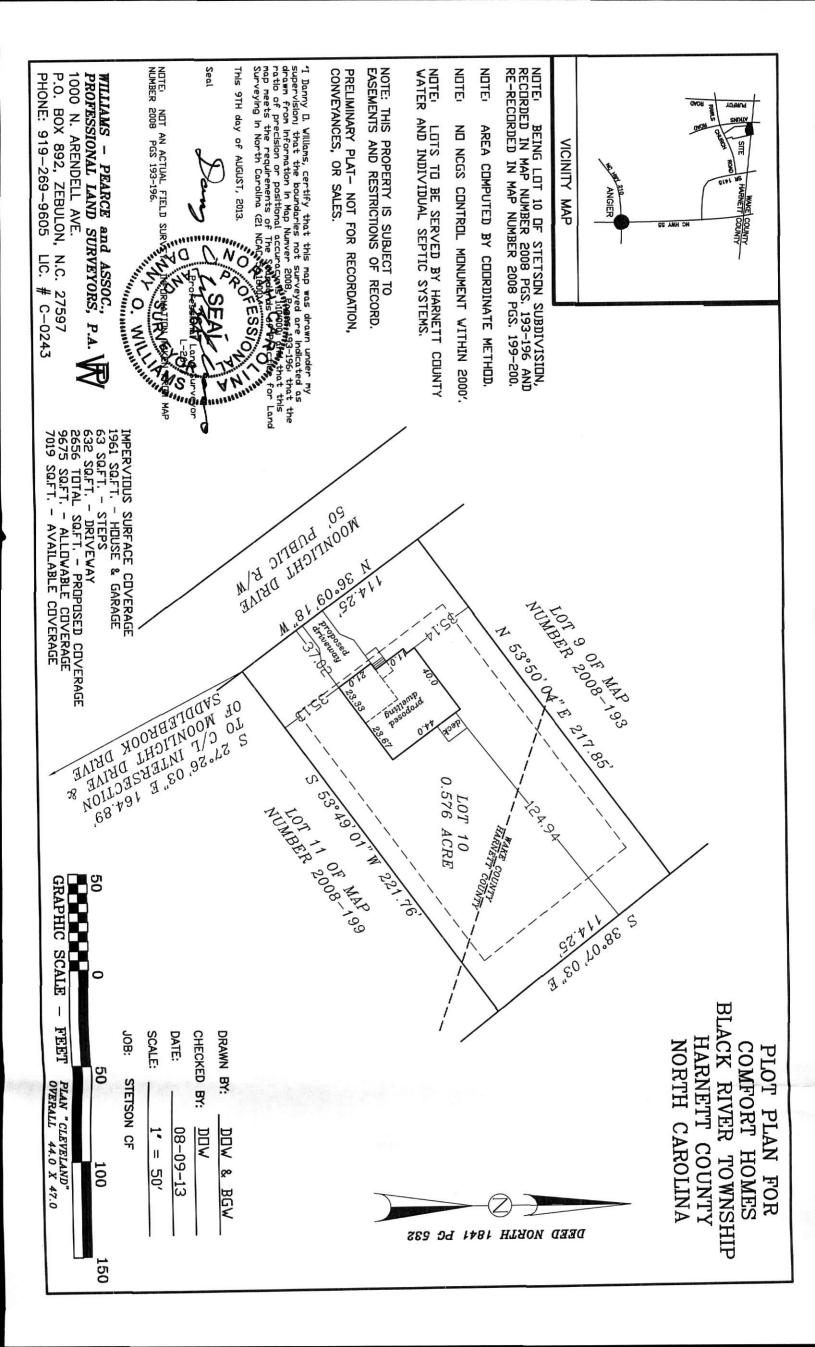
This application expires 6 months from the initial date if permits have not been issued

the country or a marke in an armine in a side of the country of th

Residential Land Use Application

Page 2 of 2

03/11



APPLICATION #:	
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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) CONFIRMATION # 910-893-7525 option 1 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

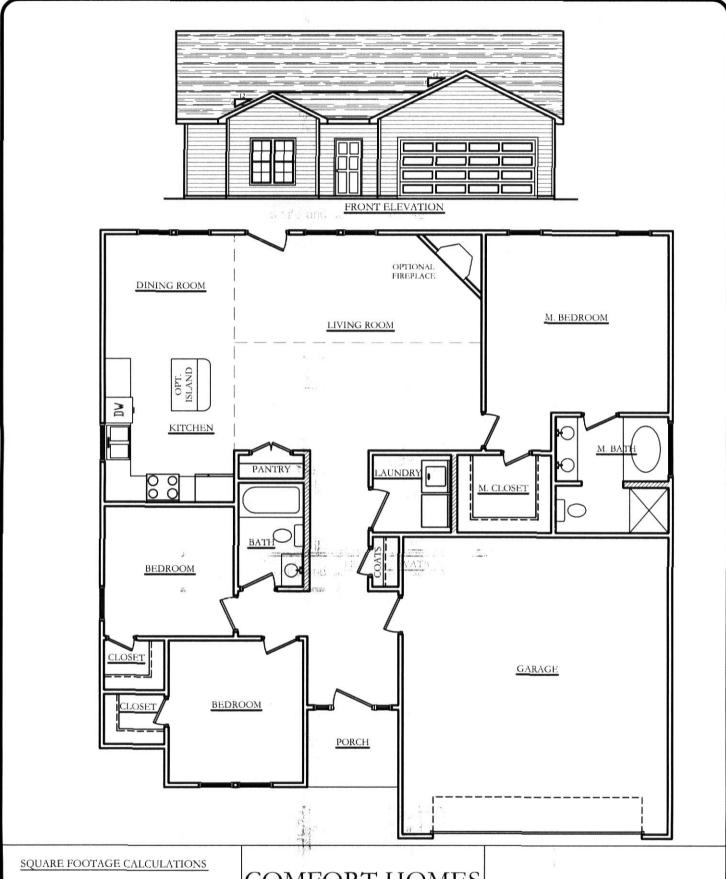
{} Alternative {
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
[_]YES [_] NO Does the site contain any Jurisdictional Wetlands?
{_}}YES {X} NO Do you plan to have an <u>irrigation system</u> now or in the future?
{}YES {X} NO Does or will the building contain any drains? Please explain
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 (X) NO Is the site subject to approval by any other Public Agency?
P' 1. 5 West on this property?
1 IYES NO Does the site contain any existing water, cable, phone or underground electric lines?
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
AND A Thir 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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Stetson Cot 10



FIRST FLOOR:

- HEATED......1,433 SQ. FT.
- GARAGE......486 SQ. FT.
 COVERED PORCHES.....42 SQ. FT.

COMFORT HOMES

4065 POWHATAN RD. CLAYTON, NC 2 520

THE CLEVELAND

Comfort Homes, Inc.



919-553-3242

August 9, 2013

Comfort Homes, Inc. has an option to purchase Lots 10,44, and 47 in Stetson Subdivision, recorded in Map Book 2008, Pages 193-200, Harnett County Register of Deeds.

Sull Stor (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 9th day of August 2013.

(140ta

My commission expires 4/2/17.



P10: 040674004610

HARNETT COUNTY OPTIONS FOR BUILDING

Building Code 12

SUBDIVISION:	fan span	STET-10	ů.	
ADDRESS:	A residence	215 MOONLIG	GHT DRIVE	
CITY/STATE:		FUQUAY-VARINA, NC 27526		
PLAN NUMBER/NAME:		1433GG	CLEVELAND	
SUPERINTENDENT:				
PRE-APPROVED STAT	US:			
PROGRESS ENERGY PREMISE:		00592492		
DATE:	X .	8/12/2013		
VENTLESS GAS	FIREPLACE BAY WINDOW	/(S)		
10 X 12 2 CAR	DECK GARAGE			
N	BONUS			
	CATHEDRAL (SUNKEN ROO	, ,	ji-	
N	STORAGE	avi	*	
Y	CRAWL			
	ELEVATION REVERSED	**		
	JINEVENSED			
- 4	PLACE	• • • • • • • • • • • • • • • • • • •	n -	

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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 & phome must match

Application for Residential Building and Trades Permit

Ste Address Als Months Address Ste Address Als Months Address Phone 911 SS3-3344 Phone 911 SS3-3344 Phone 911 SS3-3344 Phone 912 SS3-3344 Subdivision Activities of Single Family Heave # of Bedrooms 3 Bescription of Proposed Work Contraction of Single Family Heave # of Bedrooms 3 Building Contractors Company Name Contractor Scorpany Name Contractor Scorpany Name Plumbing Contractor Scorpany Name & Address Plumbing Contractor S	Owners Name _ Comfort Homes Inc.	Date 6-13-13
Drections to job site from Lillington #O1 North Right on Rawls Subdivision Description of Proposed Work Contractor Information Description of Proposed Work Company Name Contractor's Company Name Description of Work Roushint Tringuit Descriptio	Owner's Name	Phone 919-553-3342
Subdivision Description of Proposed Work Contraction of Single Family Home # of Bedrooms 3 Heated SF MS Unheated SF MS Finished Bonus Room? Craw Space V Siab General Contractor Information Confirmation Of Proposed Work Contractor Information Confirmation Of Proposed Work Contractor Information Description of Work Rouse Mark Trimout Service Size 20 Amps T-Pole Yes No. Pleanse # Electrical Contractor Information Description of Work Rouse Mark Trimout Service Size 20 Amps T-Pole Yes No. Address 25 St. License # Mechanical/HVAC Contractor Information Description of Work Rouse Mark Trimout + other Verhalding Mechanical Contractor's Company Name Description of Work Rouse Mark Trimout + other Verhalding Mechanical Contractor's Company Name Mechanical Contractor's Company Name Plumbing Contractor's Co	Site Address 315 Moon Jak Dr.	12 on Rayls
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Address 20823 License # Insulation Contractor Information 919-661-0999	755 Rock Pillan Rd. Charton NC 21320	Email Address
License # Insulation Contractor Information 9/9-661-0999	Address	
TI - 10 - 519 ald Du Spelle Garner 7/7-661-011	20823	
	License # Insulation Contractor Information	on 6/8 1/1-0999
Insulation Contractor's Company Name & Address	The Transform - SIQ old Drugtoseld. Garner	7/7-60(-0+t)
	Insulation Contractor's Company Name & Address	1 6:65 House

*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

Til'allo10
table Water
Signature of Owner/Contracto Officer(s) of Corporation Date
Affidavit for Worker's Compensation N C G S 87-14
The undersigned applicant being the
V
General Contractor Owner Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of penury that the person(s) firm(s) or corporation(s) performing the work
set forth in the permit
U (I (I) (I) and the set of the s
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
ulem
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 Confint Hones In
Company or Name Control Period ATT
Sign w/Title Latie Wife and the Date 8-13-13
organ war more than the same of the same o

- Hary B

1917

DO NOT REMOVE!

. To Gar

. Mr. Cut

Details: Appointment of Lien Agent

Entry #: 36407

Filed on: 08/13/2013

Initially filed by: ComfortHomes

Designated Lien Agent

WFG National Title Insurance Company

Online: www.liensnc.com/http://www.liensnc.com/

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc com(multo support@liensnc com)

Project Property

Stetson Subdivision Lot: 10 215 MOONLIGHT DRIVE FUQUAY-VARINA, NC 27526

Pre-Permit Workers

Williams & Pearce and Assoc. Professional Land S urveyors P O Box 892 Zebulon, NC 27597

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

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

Property Type

1-2 Family Dwelling

Owner Information

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

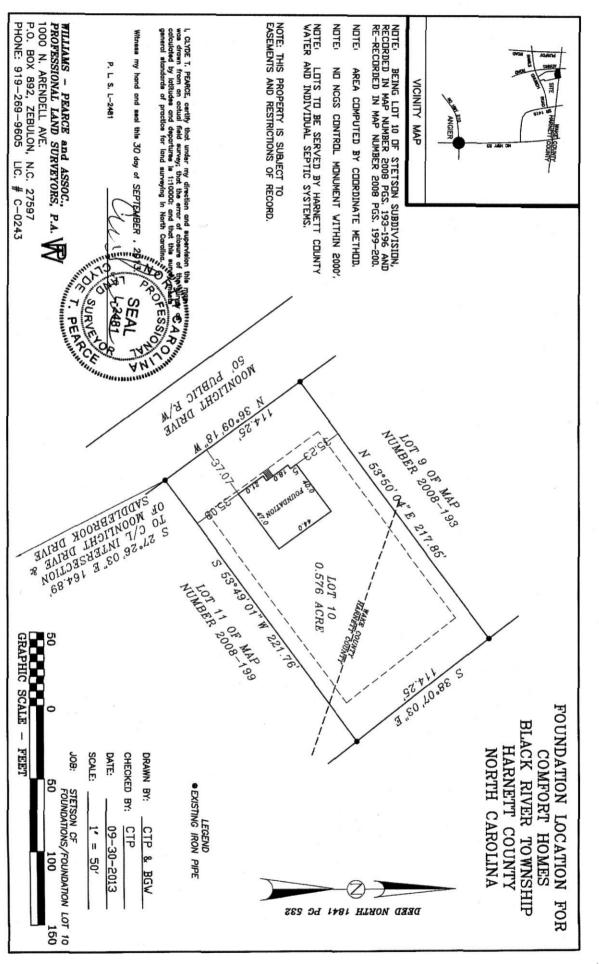
at Property

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(B) 11 F

Technical Support Hotline: (888) 690-7384

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County of Harnett Building Inspections Department Planning Services Certificate of Compliance: ____Oco

Certificate of Compliance: Occupancy: X Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the

County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building Codes. For the following:

Date: 11-25-2013 Building Official: BSutton

PREPARED 11/22/13, 14:08:28 Harnett County

INSPECTION TICKET

INSPECTOR: IVR

PAGE

17 DATE 11/25/13

ADDRESS . : 215 MOONLIGHT DR

SUBDIV: STETSON 53LOTS

CONTRACTOR : COMFORT HOMES INC

PHONE: (919) 553-3242

PHONE :

OWNER . . : FISH BROTHERS INC PARCEL . .: 04-0674- - -0046- -10-

APPL NUMBER: 13-50031948 CP NEW RESIDENTIAL (SFD) DIRECTIONS: T/S: 08/16/2013 09:23 AM JBROCK ----

STETSON LOT 10

STRUCTURE: 000 000 44X47 3BDR CRAWL W/ GARAGE & DECK

FLOOD ZONE . . . : FLOOD ZONE X

PROPOSED USE : SFD # BEDROOMS : 3000000.00

WATER SUPPLY : COUNTY SEPTIC - EXISTING? : NEW TANK

REQUESTED INSP DESCRIPTION TYP/SQ COMPLETED RESULT RESULTS/COMMENTS	
B101 01 9/10/13 BS R*BLDG FOOTING / TEMP SVC POLE VRU #: 002437143	
9/10/13 AP T/S: September 10, 2013 11:41 AM BSUTTON	
B103 01 9/25/13 BS R*BLDG FOUND & TEMP SVC POLE VRU #: 002443653	
9/25/13 AP T/S: September 25, 2013 01:53 PM BSUTTON	
A814 01 9/25/13 TW ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002443662	
10/07/13 AP 215 moonlight dr fuquay varina 27526	
T/S: 10/07/2013 01:05 PM TWARD	
T/S: 10/07/2013 01:05 PM TWARD	
B104 01 10/01/13 JB R*FOUND & SETBACK VERIF SURVEY TIME: 17:00 VRU #: 002447	311
10/01/13 AP T/S: 10/01/2013 01:34 PM JBROCK	
B105 01 10/02/13 BS R*OPEN FLOOR VRU #: 002447775	
10/02/13 AP T/S: October 02, 2013 12:33 PM BSUTTON	
R425 01 10/14/13 BS FOUR TRADE ROUGH IN VRU #: 002451938	
10/14/13 AP T/S: October 14, 2013 10:37 AM BSUTTON	
I129 01 10/16/13 BS R*INSULATION INSPECTION VRU #: 002452946	
10/16/13 CA T/S: October 16, 2013 08:59 AM BSUTTON	
I129 02 10/17/13 BS R*INSULATION INSPECTION TIME: 17:00 VRU #: 002453629	
10/17/13 AP T/S: October 17, 2013 11:47 AM BSUTTON	
H824 02 10/30/13 JM ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002468908	
10/30/13 AP T/S: 11/21/2013 11:14 AM SSTEWART	
T/S: 11/21/2013 11:14 AM SSTEWART	
H824 01 11/06/13 JM ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002462976	
11/06/13 DA PER JAMES MANHART PERMIT ON HOLD FOR PUMP TO BE CHECKED.	
CALL HIM WHEN READY FOR INSPECTION 910-893-7547	
T/S: 11/06/2013 03:51 PM SSTEWART	
M305 01 11/06/13 BS R*PLUMB SEWER CONNECTION TIME: 17:00 VRU #: 002461838	
11/06/13 AP T/S: November 06, 2013 10:04 AM BSUTTON	
P307 01 11/06/13 BS R*PLUMB WATER CONNECTION TIME: 17:00 VRU #: 002461846	
11/06/13 AP T/S: November 06, 2013 10:04 AM BSUTTON	
E209 01 11/13/13 BS R*ELEC TEMP POWER CERT TIME: 17:00 VRU #: 002464741	
11/13/13 AP T/S: November 13, 2013 03:15 PM BSUTTON	
R429 01 11/25/13 TI FOUR TRADE FINAL VRU #: 002469542	
11-2513 ABS	

------ COMMENTS AND NOTES ------