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nitial Application Date:	1/24/2014

Residential Land Use Application

Application #	145	-00	3	2	85	0
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··		CU#
	INTY OF HARNETT RESIDENTIAL LAND U Ilington, NC 27546 Phone: (910) 893-752	
-		REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
ANDOWNER Dig Broth	5.271	•
ANDOWNER OF TOTAL 1701 COU	NC 27597 Mailing Address/	242Email: comfrthomes@aol.com
State:	Zip ¿ / J / ¿Contact No:	Email:
APPLICANT: Comfort Homes, Inc.	Mailing Address: P O Box 369	
City: Clayton State:	NC Zip. 27528 Contact No. 919 553 3	242 Email: comfrthomes@aol.com
Please fill out applicant information if different than lando	wner	
CONTACT NAME APPLYING IN OFFICE: Lee S	tewart	Phone # 919 669 7259
PROPERTY LOCATION: Subdivision: Stetson		Lot # 3 Lot Size 163ac
State Road # 1448 State Road Name	Rawis Church Road	Map Book & Page: 2008/ 193-29
040674 0046 03	9665-71-0330	0.000
RA-30 Flood Zana Metarah	Dood Book & Rosso 2 445	0:000 7
zoning: riobd zone vvatersin	711	96264 from Progress Energy.
New structures with Progress Energy as service p	rovider need to supply premise number	non Progress Energy.
PROPOSED USE:	4	
	Baths Basement(w/wo bath): Garac	ge; ✓ Deck: ✓ Crawl Space; ✓ Slab: Slab:
		yes (✓) no (if yes add in with # bedrooms)
	wind the second	•
☐ Mod: (Sizex) # Bedrooms#	Baths Basement (w/wo bath) Garag	ge: Site Built Deck: On Frame Off Frame
(Is the second floor i	finished? () yes () no Any other site b	built additions? () yes () no
Manufactured Home:SWDWT	W (Size ************************************	Garage: (site built?) Deck: (site built?)
Duplex: (Sizex) No. Buildings:		
☐ Home Occupation: # Rooms:	_Use: Hours of Ope	eration:#Employees:
		Charata in addition? () vice () PD
Addition/Accessory/Other: (Sizex	Chanda Churran Dand	Closets in addition? () yes () no
Mater Supply: County Existing We	Hawis Church Road New Well (# of dwellings using well)) *Must have operable water before final
Sewage Supply: New Septic Tank (Comple	te Checklist) Existing Sentic Tank (Ci	omplete Checklist) County Sewer
		ed feet (500') of tract listed above? () yes (✓) no
Does the property contain any easements whether		
Structures (existing or proposed): Single family dw	vellings: Manufactured Hon	nes: Other (specify):
Required Residential Property Line Sethacks:	Comments:	
Front Minimum 35' Actual 38'	y yus, 1	1
Rear 25' 144'	2.0	
Closest Side 10'	.÷ y÷	
n/a	- Regional Conjusting	. 54
Sidestreet/corner lot	7.029 4 5 6 19 1.5.5	234
Nearest Building on same lot	Page 1 of 2	03/11

Page 1 of 2

APPLICATION CONTINUES ON BACK

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permits are granted I ereby state that fore	agree to conform to all or going statements are acco	rdinances and laws of the Stateurate and correct to the best of	e of North Carolina regulating my knowledge. Permit sub	ig such work and the spi ject to revocation if false	ecifications of plans submit a information is provided.
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ereby state that fore	going statements are according to the signature of O signature of	rdinances and laws of the Staturate and correct to the best of	my knowledge. Permit sub	Date Dout the subject property or its employees are	e information is provided.
ereby state that fore	Signature of O Signature of O dicants responsibility to formation, house location incorrect	rdinances and laws of the Staturate and correct to the best of where or Owner's Agent provide the county with any and and and any or overhead and or overhead.	applicable information at easements, etc. The count is contained within these	Date Date Dout the subject property or its employees are applications.***	e information is provided.
"It is the owner/app	Signature of O Signature of O dicants responsibility to formation, house location incorrect	rdinances and laws of the Staturate and correct to the best of where or Owner's Agent provide the county with any a underground or overhead or missing information that the expires 6 months from the Equation of the expires 6 months from the Equation of the expires 6 months from	applicable information at easements, etc. The count is contained within these is initial date if permits having a Rawis Church Round	Date Date Dout the subject property or its employees are applications.***	e information is provided.
"It is the owner/app	Signature of O signature of O nicants responsibility to primation, house location incorrect **This application	rdinances and laws of the Staturate and correct to the best of where or Owner's Agent provide the county with any and any and arground or overhead or missing information that the expires 6 months from the county with any and or missing information that	applicable information at easements, etc. The count is contained within these are initial date if permits ha	Date Date Dout the subject property or its employees are applications.***	e information is provided.

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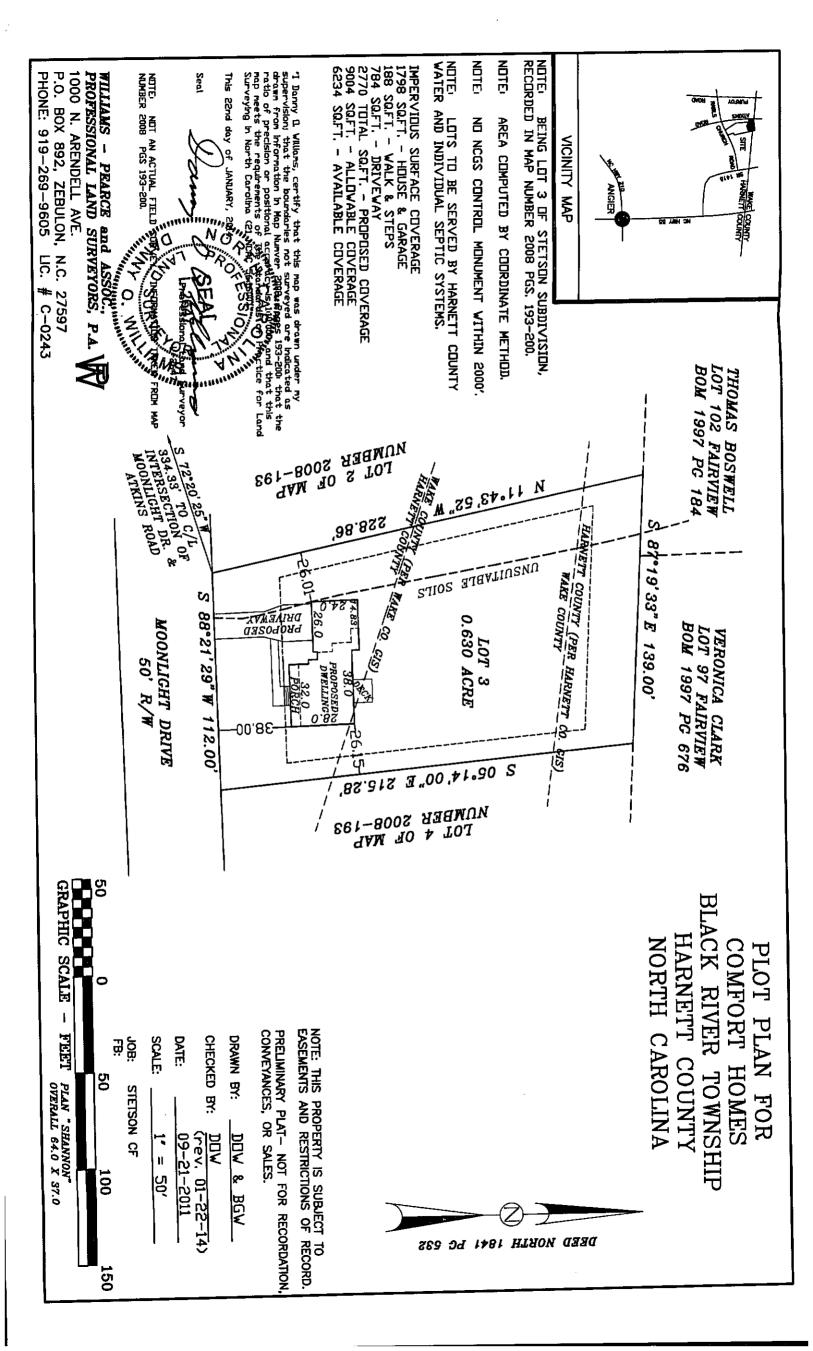
03/11

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NAME: Confort Cones

APPLICATION #:	
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		. *	This application to be fil	lled out when applying fo	or a septic system inspection.*
<u>Co</u>	unt	v Health De	partment Application	on for Improvement	Permit and/or Authorization to Construct
IF THE	INF	ORMATION IN	THIS APPLICATION IS FA	ALSIFIED, CHANGED, OR	THE SITE IS ALTERED. THEN THE IMPROVEMENT The permit is valid for either 60 months or without expiration
PERMI	IT OR	AUTHORIZA	on submitted. (Complete site	ALE BECOME INVALID:	e plat = without expiration)
uepena	լու <u>ջ</u> սլ	0-893-7525 c	ontion 1	, p	CONFIRMATION #
A E	nvir	onmental He	alth New Septic Syster	<u>m</u> Code 800	
r -	ΔI	I property in	ons must be made vis	sible. Place "pink propi	erty flags" on each corner iron of lot. All property
	lin	es must be cl	early flagged approxima	ately every 50 feet betwe	een corners.
•	Pl	ace "orange h	nouse corner flags" at ea	ach corner of the propos	sed structure. Also flag driveways, garages, decks,
	OU.	it buildings, sv	wimming pools, etc. Fla	rd in location that is eas	eveloped at/for Central Permitting. ily viewed from road to assist in locating property.
•	1f :	oronarty is thi	ickiv wooded. Environm	iental Health requires th	hat you clean out the <u>undergrowth</u> to allow the soil
·	- 01	alustion to be	norformed Inspectors	should be able to walk	treely around site. Do not grade property.
•	A 1	linte to he a	ddraecad within 10 hu	isiness davs after con	firmation. \$25.00 return trip fee may be incurred
	fo	e failure to H	ncover outlet lid, mark	chouse corners and Di	roperty lines, etc. <u>once lot confirmed ready.</u>
•	Af	ter preparing	proposed site call the vo	oice permitting system a	at 910-893-7525 option 1 to schedule and use code of for Environmental Health inspection. Please note
	80	o (after selec	mber given at end of rec	cording for proof of real	rest.
	<u>00</u>	a Click2Gov	or IVB to verify results.	Once approved, proces	ed to Central Permitting for permits.
	nvire	onmental He	alth Existing Tank Inst	pections Code 800	
- =		llour chouc in	etructions for placing fla	and card on property	y.
•	σ.	for inc	postion by removing so	all over outlet end of ta	ank as claoram indicates, and titt lid straight up (if
	DC	ssible) and th	nen put lid back in plac	ce. (Unless inspection is	for a septic tank in a mobile home park)
•	. D0	NOT LEAVE	LIDS OFF OF SEPTIC TA	NK sico pormitting system a	t 910-893-7525 option 1 & select notification permit
•	At	ter uncovering	g outlet end call the vo	nce permitting system at 0 for Environmental He	ealth inspection. Please note confirmation number
		on at and of	recording for proof of re-	eduest.	
•	Ų:	se Click2Gov	or IVR to hear results. C	Once approved, proceed	to Central Permitting for remaining permits.
SEPT					
If app	lying	for authorization	on to construct please indica	ite desired system type(s): (can be ranked in order of preference, must choose one.
{_}}	Acc	epted	() Innovative	(_X) Conventional	{}} Any
1 1	Alte	mative	{} Other		<u> </u>
TL	1:	shall notify	the local health denartmen	nt upon submittal of this a	pplication if any of the following apply to the property in
nne ap onestic	ppuci on I	int snan noury f the answer is	"yes", applicant MUST A	TTACH SUPPORTING	DOCUMENTATION:
questi	011. 1				
{ <u>_</u> }Y	ΈS	(<u>)</u> NO	Does the site contain any		
{}}Y	ΈS	ON (X)		<u>rrigation system</u> now or in	
{}}Y	ŒS	$\{\underline{X}\}$ no		contain any <u>drains</u> ? Pleas	
[}}		$\{\underline{X}\}$ NO			Wastewater Systems on this property?
{}}Y		(X) NO	Is any wastewater going	to be generated on the site	other than domestic sewage?
{_}}Y		X) NO	Is the site subject to appr	roval by any other Public A	Agency?
{ <u>_</u> }Y	/ES	NO IE	Are there any Easements	s or Right of Ways on this	property?
{ <u>_</u> }Y		NO IT	Does the site contain any	existing water, cable, pho	one or underground electric lines? - only @ street of war
		•	If yes please call No Cu	ts at 800-632-4949 to loca	tte 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-23-14 DATE 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

must match		Date 1-33-14
ners Name	Comfort Homes Inc.	Phone 919-553-33
Address 13	Monlight Drive	Sill as Davile
ections to job site	from Lillington 401 North	
2 dona	1. left on Atkins B	aciliibduz, boo
	+	
se in	2	Lot
bdivision	sed Work Construction of Single Form	adu Home # of Bedrooms
scription of Propo	Unheated SF 595 Finished Bonus Room	Crawl Space Wes Siab
eated SF 1911	Unheated SF Square Finished Bonds read General Contractor Inform	
\(\lambda \)		919-553-3242
ourport 1	Sampany Name	Telephone
ulding Contractor s	A Clarker NC 30298	Confithomes @ aol.
OBOK 3dd	H Caren in a street	Email Address
ddress	•.	•
		ation
ense #	Electrical Contractor Infor	
escription of Work	MOUSA / A T TELESCOPE	919-975-0599
- Sala	/ Flortric	Telephone
lectrical Contracto	rs Company Name	
705 Thunkseiving	vol. Fire Ded. R. Selma NC	Email Address
Address		
<u> 22825 </u>		* 5ation
icense #	Mechanical/HVAC Contractor	INTORNATION
ton of Micri	Rough in + trincut + other Ver	919-329-0686
Description of 440.	Heating + Air	Telephone
Macazaical Contre	otor's Company Name	
Medianisa como	istor's Company Manne 15h Dr. Garne-NC-27529	Email Address
عص <i>وبحد</i> Address	3A DE-	Emon view
18644		
License #	Plumbing Contractor Inf	<u>ormation</u>
- ·	2 - T-1 - 0 + 45	
Description of Wo	rk Roughin + Trimouts	9/9-934-1379 Telephone
Ambit Plu	tor's Company Name	Telephane
Plumbing Contract	tor's Company Name	
755 Kock Ki	Man Rd. Clayton NC 27520	Email Address
Address	•	
20823		r
License #	Insulation Contractor In	7/9-661-0999 Telephone
T.4. T	Josion - 519 old Drugtould. Ga	Telephone
Insulation Contra	actor's Company Name & Address	10.55
III Suidhoir Coire	General Contractor must full out and sign	description application
	and sign	the second page of this opposite

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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.

Signature of Owner/Contracto (Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner Officer/Agent of the Contractor or Owner General Contractor Do hereby confirm under penalties of penerry that the person(s) rfirm(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 X_ 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

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 90667

Filed on: 01/24/2014

Initially filed by: ComfortHomes

Designated Lien Agent

WFG National Title Insurance Company

Online: www.lensnc.com/sep/www.lensnc.com/

Address: 19 W. Hargott St., State 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5211

Email: support@lensnc.com reduces personal consultant

Property Type

1-2 Family Dwelling

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98 Peak Johns

Ada Verde 1988 en

> Hill Na ta

Ale And

Santo

DO NOT

Project Property

Stetson Lot 3 AND STATE TO STA

No. 14081 (1915)

(EMOVE!

Contractors:

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Print & Post

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 United States

Email: comfrthomes@aol.com

Phone: 919-553-3242

View Comments (0)

Technical Support Hotline: (888) 690-7384

TEMOVEL

Plan Box # App # <u>145<i>0</i>0</u>	B-5 32850	Date Job Name Valuation	Reated SQ Fee	mes En t 1936 e 595
Inspections for Crawl	SFD/SFA Slab	Mono	Basement	253
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Sur	vey/F6	Envir. Health <u>New</u>	Other	
Additions / Oth	<u>er</u>	• = = = = = = = = = = = = = = = = = = =		
Footing Foundation Slab Mono	_			
Open Floor Rough In Insulation Final				