

Initial Application Date: 7-2-14

Application # 1450034123  
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:** Comfort Homes, Inc. Mailing Address: P O Box 369  
City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aol.com

**APPLICANT:** Comfort Homes, Inc. Mailing Address: P O Box 369  
City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@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: Stetson Lot #: 19 Lot Size: 611 ac

State Road # 1448 State Road Name: Rawls Church Road Map Book & Page: 2008/193-200

Parcel: 040674 0046 19 PIN: 0665-80-3240.000

Zoning: RA-30 Flood Zone: X Watershed: IV Deed Book & Page: 2445752 Power Company\*: Duke Progress Energy

\*New structures with Progress Energy as service provider need to supply premise number 66927219 from Progress Energy.

**PROPOSED USE:**

SFD: (Size 51' x 53'10") # 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: proposed Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

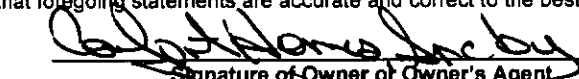
**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	35'	40'
Rear	25'	115'
Closest Side	10'	29'
Sidestreet/corner lot	n/a	
Nearest Building on same lot	n/a	

Comments: \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N. right on Rawls Church Rd, left on Atkins Road, subdivision on right

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.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

7-8-14  
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\*\*

NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD. PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCES, OR SALES.

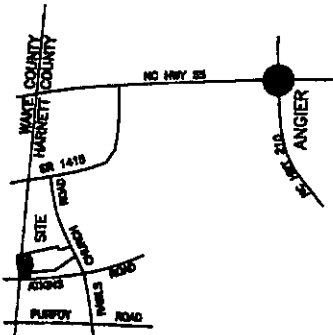
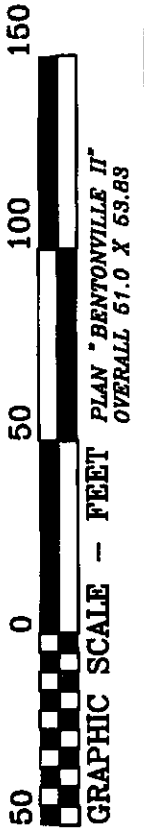
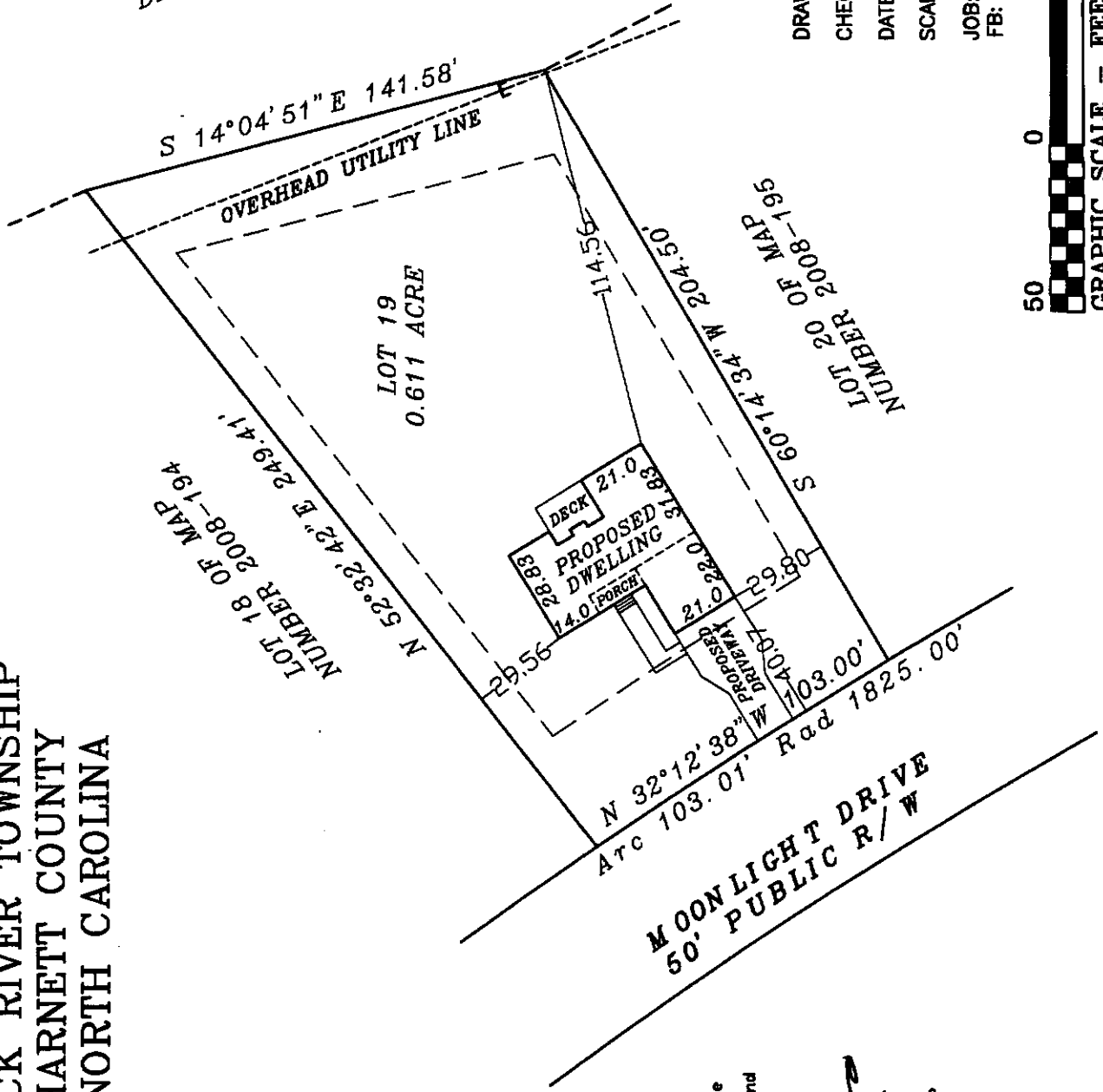
DEED NORTH 1841 PG 532



MARIE COBLE  
DB 745 PG 389

DRAWN BY: DDW & BGW  
 CHECKED BY: DDW  
 DATE: 07-02-2014  
 SCALE: 1" = 50'  
 JOB: STETSON CF  
 FB:

**PLOT PLAN FOR  
COMFORT HOMES  
BLACK RIVER TOWNSHIP  
HARNETT COUNTY  
NORTH CAROLINA**



VICINITY MAP

NOTE: BEING LOT 19 OF STETSON SUBDIVISION, RECORDED IN MAP NUMBER 2008 PGS. 193-196.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS CONTROL MONUMENT WITHIN 2000'.

NOTE: LOTS TO BE SERVED BY HARNETT COUNTY WATER AND INDIVIDUAL SEPTIC SYSTEMS.

IMPERVIOUS SURFACE COVERAGE

1929 SQ.FT. - HOUSE & GARAGE

164 SQ.FT. - WALK & STEPS

665 SQ.FT. - DRIVEWAY

2758 TOTAL SQ.FT. - PROPOSED COVERAGE

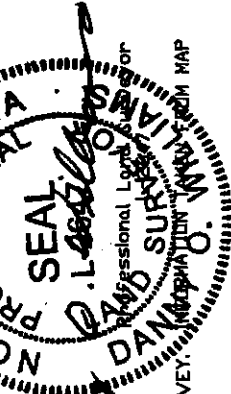
9581 SQ.FT. - ALLOWABLE COVERAGE

6823 SQ.FT. - AVAILABLE COVERAGE

"I, Danny D. Williams, certify that this map was drawn under my supervision that the boundaries not surveyed are indicated as such on this map. I further certify that the ratio of precision or positional accuracy of this map meets the requirements of the Professional Land Surveying in North Carolina (21 NCAC 15.0101)."

This 2nd day of JULY, 2014.

Seal



NOTE: NOT AN ACTUAL FIELD SURVEY. MAP NUMBER 2008 PGS 193-195.

**WILLIAMS - PEARCE and ASSOC.,  
PROFESSIONAL LAND SURVEYORS, P.A.**

1000 N. ARENDELL AVE.

P.O. BOX 892, ZEBULON, N.C. 27597

PHONE: 919-269-9605 LIC. # C-0243

NAME: Coastal Home, 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 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.

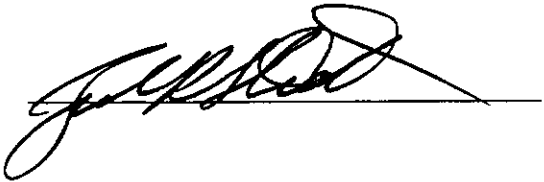
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

[Signature]  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-8-14  
DATE

July 8, 2014

Comfort Homes, Inc. has an option to purchase Lots 19 and 51 in Stetson Subdivision, recorded in Map Book 2008, Pages 193-200, Harnett County Register of Deeds.

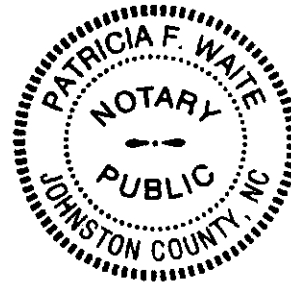
 (Seal)

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 8th day of July 2014.

 (Notary Public)

My commission expires 4/2/17.



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 Comfort Homes Inc. Date 7-3-14  
Site Address 395 Moonlight Drive Fuquay Varina Phone 919-553-3242  
Directions to job site from Lillington 401 North, Right on Rawls Church Rd, left on Atkins Road, Subdivision on right  
Subdivision Stetson Lot 19  
Description of Proposed Work Construction of Single Family Home # of Bedrooms 3  
Heated SF 1376 Unheated SF 462 Finished Bonus Room? no Crawl Space yes 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 Email 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 Shipwreck Dr. Garner NC 27529  
Address Email 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 Email Address  
20823  
License #

Insulation Contractor Information

Tatum Insulation - 519 old Drug Store Rd. 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

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

Fallie Waite  
Signature of Owner/Contractor/Officer(s) of Corporation

7-3-14  
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 Fallie Waite assist Sec'y Date 7-3-14

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 157248

Filed on: 07/01/2014

Initially filed by: ComfortHomes

**Designated Lien Agent**

WFG National Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) or [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](mailto:support@liensnc.com) or [support@liensnc.com](mailto:support@liensnc.com)

**Project Property**

Stetson Lot 19  
395 MOONLIGHT DRIVE  
FUQUAY-VARINA, NC 27526  
Harnett County

**Property 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  
United States  
Email: [comfrthomes@aol.com](mailto:comfrthomes@aol.com)  
Phone: 919-553-3242

View Comments (0)

Technical Support Hotline: (888) 690-7384



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . . 14-50034123 Date 8/01/14  
 Property Address . . . . . 395 MOONLIGHT DR  
 PARCEL NUMBER . . . . . 04-0674- - -0046- -19-  
 Application type description CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . . STETSON 53LOTS  
 Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner

-----

FISH BROTHERS INC  
 7440 KENNEBEC RD  
 WILLOW SPRINGS NC 27592

Contractor

-----

COMFORT HOMES INC  
 PO BOX 369  
 CLAYTON NC 27520  
 (919) 553-3242

Applicant

-----

COMFORT HOMES INC

--- Structure Information 000 000 51X53.10 3BDR 2BATH SFD W GAR DECK CRAWL  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW TANK  
 WATER SUPPLY COUNTY

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Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1044783  
 Issue Date . . . . . 8/01/14 Valuation . . . . . 0  
 Expiration Date . . . . . 8/01/15

Special Notes and Comments

T/S: 07/10/2014 02:40 PM VBROWN ----  
 395 MOONLIGHT DRIVE, STETSON SUB DIV  
 #19  
 XX  
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
 INSULATION AND LAND USE.  
 XX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

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\_\_\_\_\_

\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . .	14-50034123	Page	2
Property Address . . . . .	395 MOONLIGHT DR	Date	8/01/14
PARCEL NUMBER . . . . .	04-0674- - -0046- -19-		
Application description . . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	STETSON 53LOTS		
Property Zoning . . . . .	RES/AGRI DIST - RA-30		
Permit . . . . .	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1044783		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___