Initial	Application	Date:	7/24/2014	

Application #	145003427	1
	CLI#	

COUNTY OF HARNETT 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

Central Permitting

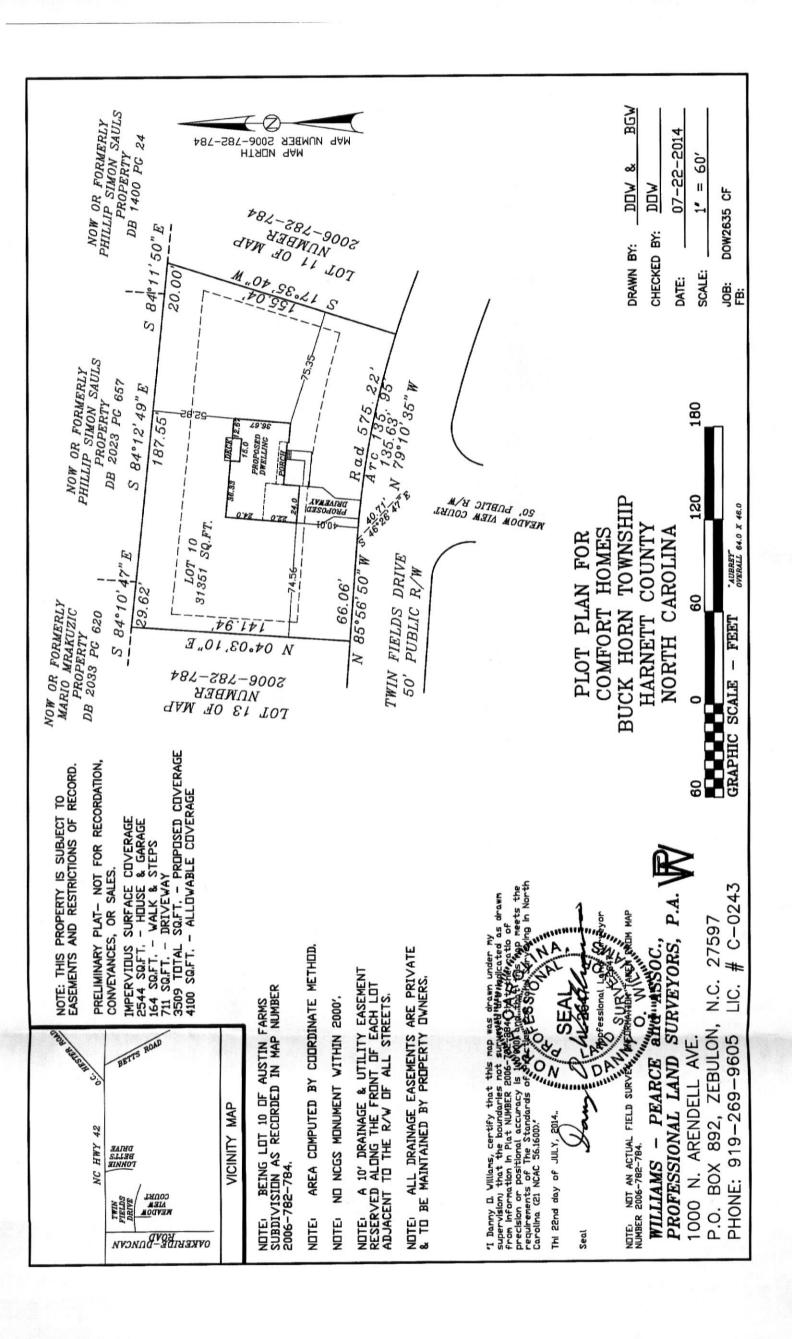
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICA	ATION*
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LANDOWNER: Cor	mfort Homes, Inc.			Mailing	Address: P O Box 36	69			
City: Clayton		State:_NC	Zip:_27528	_Contact No:	Address: P O Box 36 919 553 3242	Email:	comfrthome	es@aol.con	a
APPLICANT*: Com	fort Homes, Inc.		Mailing Ad	dress: POE	369				
City: Clayton *Please fill out applicar	nt information if differen	State: NC	Zip: 27528	_Contact No:	919 553 3242	Email:	comfrthome	es@aol.con	n
PROPERTY LOCA	TION: Subdivision:	Austin Farms				Lo	ot #:_10	_ Lot Size: 3	1351 sq 🗘
State Road #	State F	Road Name: Tw	in Fields Dri	ve		Ma	ap Book & Pag	96:300P	1782-78
Parcel: 050645 00	05 09			PIN: 06	45-09-0198.000	1.51	•		
					323070	Power Co	mpany*: Duk	ke Progress	Energy
*New structures with	Progress Energy as	s service provide	er need to sup	ply premise r	umber 29368305		from	Progress En	ergy.
PROPOSED USE	:								
✓ SFD: (Size <u>64</u>					: Garage:_				Monolithic Slab:
☐ Mod: (Size) Garage: S y other site built additi			Frame C	ff Frame
☐ Manufactured H	Home:SWI	DWTW (Siz	zex_) # Bedro	oms: Garage:_	(site built	?) Deck:_	(site built	?)
☐ Duplex: (Size _	x) No. Bu	uildings:	No.	Bedrooms P	er Unit:				
☐ Home Occupat	ion: # Rooms:	Use:		H	ours of Operation:			#Employe	es:
☐ Addition/Acces	sory/Other: (Size	x) Use	:				Closets in ad	ddition? ()	yes () no
Water Supply:	_ County Ex	disting Well	New Well	(# of dwelling	s using well	_) *Must ha	ave operable	water before	e final
Sewage Supply: ✓	New Septic Tank	κ (Complete Chε	ecklist)	_Existing Sep	otic Tank (Complete C	Checklist) _	County	Sewer	
Does owner of this t	ract of land, own land	d that contains a	manufacture	d home within	n five hundred feet (50	00') of tract I	isted above?	() yes (⊻	_) no
Does the property co	ontain any easement	ts whether unde	rground or ove	erhead () y	res (<u>√</u>) no				
Structures (existing	or proposed): Single	family dwellings	proposed	Manuf	actured Homes:		_ Other (spec	cify):	
D - '- I D - 'I - '	· I B								
50	ial Property Line S 30' Actual		Comme	nts:					
Front Minimum	Actual 25'	52') -						
Rear Classet Side	15'	74'						21	
Closest Side	n/a								
Sidestreet/corner lot Nearest Building	n/a								

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	42 W out of Fuquay; left on Oak Ridge Duncan; left on Twin Fields			
	N N N N N N N N N N N N N N N N N N N			
	<u> </u>			
If permits are granted I agree to conform to all ordinances and laws o I hereby state that foregoing statements are accurate and correct to the	f the State of North Carolina regulating such work and the specifications of plans submitted ne best of my knowledge. Permit subject to revocation if false information is provided.			
talled ball	7/24/2014			
Signature of Owner or Owner's Ag	pent 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



NAME: Congot Soner

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)

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 <u>undergrowth</u> 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. <u>Please note confirmation number given at end of recording for proof of request.</u>
- 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		the state of the s
If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	epted	[] Innovative {
{}} Alte	mative	(
The applica question. I	ant shall notify f 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	(X) NO	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	(X) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
(_)YES	1X 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 I	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

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)

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

Owner's Name Concord Honos Inc	Date 7-34-14
Site Address 89 Twin Fields Live F	Phone 919-553-324
Directions to job site from Lillington 42 West out of	Studion left on
Dak Ridge Duncan 1884 on Th	Sin Fields
Subdivision Hustia Farms	Lot \D
Description of Proposed Work Conshuction of Sing	2 Panily of Bedrooms 3
Heated SF 2148 Unheated SF 526 Finished Bonus Room	m? WW Crawl Space WWSlab No
General Contractor Information	tici O
Confort blomes Inc	919-223-3919
Building Contractor's Company Name	Telephone
Sobot 30 Claybor DC 20538	Concethomes @ aol. Com Email Address
Address	Elilali Address
33184 License #	c and
Electrical Contractor Informa	ze ZOOAmps T-PoleYesNo
Description of Work	919-975-0599
Summerfield Electric	Telephone
Electrical Contractor's Company Name	
705 Thunksgiving Vol. Fire Depl. Rd. Selma NC Address	Email Address
22825 CDVS	
Mechanical/HVAC Contractor Inf	ornation
Description of Work Rough's + trimout + other Venta	leston
Stephenson Heating + Air	117-521-55
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garne-NC- 27529	Email Address
Address	Elliali Address
18644	
License # Plumbing Contractor Inform	ation
Description of Work Rough in + Trimouit	# Baths
Anabet Planabine	919-934-1379
Ambit Plumbing Plumbing Contractor's Company Name	Telephone
755 Rock Pillar Rd. Clayton NC 27520	Email Address
Address	Email Address
20823	
License # Insulation Contractor Inform	nation
Tatum Froulation - 519 old Drugtock Corne	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

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 bullion and trade-plans and if <a href="mailto: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 Wate	7-24-14
Signature of Owner/Contracto Officer(s) of Corporation	Date

A.F. J. J. J. S.						
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the						
General Contractor Owner 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 Contest Hones In						
Sign w/Title Lable White and their Date 7-24-14						
\wedge						

1987

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 166246

Filed on: 07/22/2014

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(milto support@liensnc.com)

Project Property

Austin Farms Lot 10 89 TWIN FIELDS 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 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.

-----Application Number 14-50034271 Date 8/11/14

Property Address 89 TWIN FIELDS DR

Subdivision Name AUSTIN FARMS 24 LOTS

Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

OWNER

COMFORT HOMES INC

P O BOX 369 CLAYTON

CLAYTON NC 27520

Structure Information 000 000 64X46 3BDR CRAWL W/ GARAGE & DECK

Flood Zone FLOOD ZONE X

Other struct info # BEDROOMS 3000000.00

PROPOSED USE SFD

SEPTIC - EXISTING? NEW TANK

WATER SUPPLY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1049261

Issue Date . . . 8/11/14 Valuation Expiration Date . . 8/11/15

Special Notes and Comments

T/S: 07/24/2014 11:07 AM JBROCK ----

AUSTIN FARMS LOT 10

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

INSULATION AND LAND USE.

Work must conform and comply with the

STATE BUILDING CODE and all other State

and local laws, ordinances & regulations

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.

Page 2
Application Number 14-50034271 Date 8/11/14

Property Address 89 TWIN FIELDS DR

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1049261

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		//