Initial A	pplication Date: 8/04/2	2015	Application # 155003681)
		COUNT	Y OF HARNETT RESIDENTIAL LAND USE APPLICATION
Ce	entral Permitting 1	08 E. Front Street, Lilling	gton, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
	A RECORDED SURV	EY MAP, RECORDED DEED	(OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDO	Comfort Hor	nes, Inc. Fich	Boothurs Mailing Address: PO Box 389 7440 Kennebec Re
LANDO	layton \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 Coning NC	27538 Mailing Address: 7 1 1 2 CVVVII DEC . C
City:	AMOUNT ON THOM	State: No	Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aol.com
4 D D L 16	CANT*: Comfort Hom	ies, Inc.	P O Box 369
	lavton	NC	27572 Mailing Address: P O Box 369 Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aol.com
City:	layton fill out applicant information	State: State:	Zip: 27328 Contact No: 919 333 3242 Email:Email:
	эт арризан низинан		
CONTA	ACT NAME APPLYING	IN OFFICE: Julian Ste	ewart Phone # 919 422 1481
			1.28
PROPE	RTY LOCATION: Sub	odivision: Stetson	Lot #: 28Lot Size: 1.3 acre
State R	oad #_1448	State Road Name: _F	Rawls Church Road /570 Moon light Map Book & Page 2008 / 193-200
Parcel:	040674 0046 28		PIN: 0664-89-3200.000
		o: Watershad	Deed Book & Page: 2445 752 Power Company*: Duke Progress Energy
			03600540
*New st	ructures with Progress	Energy as service provi	der need to supply premise number 93690519 from Progress Energy.
			hs: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: hed? () yes (\(\frac{\frac{1}{2}}{2}\) no w/ a closet? () yes (\(\frac{1}{2}\)) no (if yes add in with # bedrooms)
☐ Mo			hs Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame hed? () yes () no Any other site built additions? () yes () no
☐ Ma	nufactured Home:	_SWDWTW (S	Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
☐ Du	plex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
□ Но	me Occupation: # Roo	ms: Us	e: #Employees:
□ Ad	dition/Accessory/Other	:: (Sizex) U	se:Closets in addition? () yes () no
Water S	supply: _ ✓ County	Existing Well _	New Well (# of dwellings using well) *Must have operable water before final
Sewage	Supply: _ V New S	eptic Tank (Complete C	hecklist) Existing Septic Tank (Complete Checklist) County Sewer
			a manufactured home within five hundred feet (500') of tract listed above? () yes (✓) no
			erground or overhead (✓) yes () no
		d): Single family dwelling	proposed
Juddun	es (existing or propose	u). Single family dwellin	gs: Other (specify):
Reguire	ed Residential Prope	rty Line Setbacks:	Comments:
Front	Minimum 35'	Actual 40'	
Rear	25'	>132'	

Nearest Building on same lot Residential Land Use Application

10'

n/a

Closest Side

Sidestreet/corner lot_n/a

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	N: 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 or I hereby state that foregoing state to the			
JEHE Waste		8/4/15	
Signature of Owner or Owner's Ag	jent	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

Done, comos tropas : MANA.

APPLICATION #: 3681

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

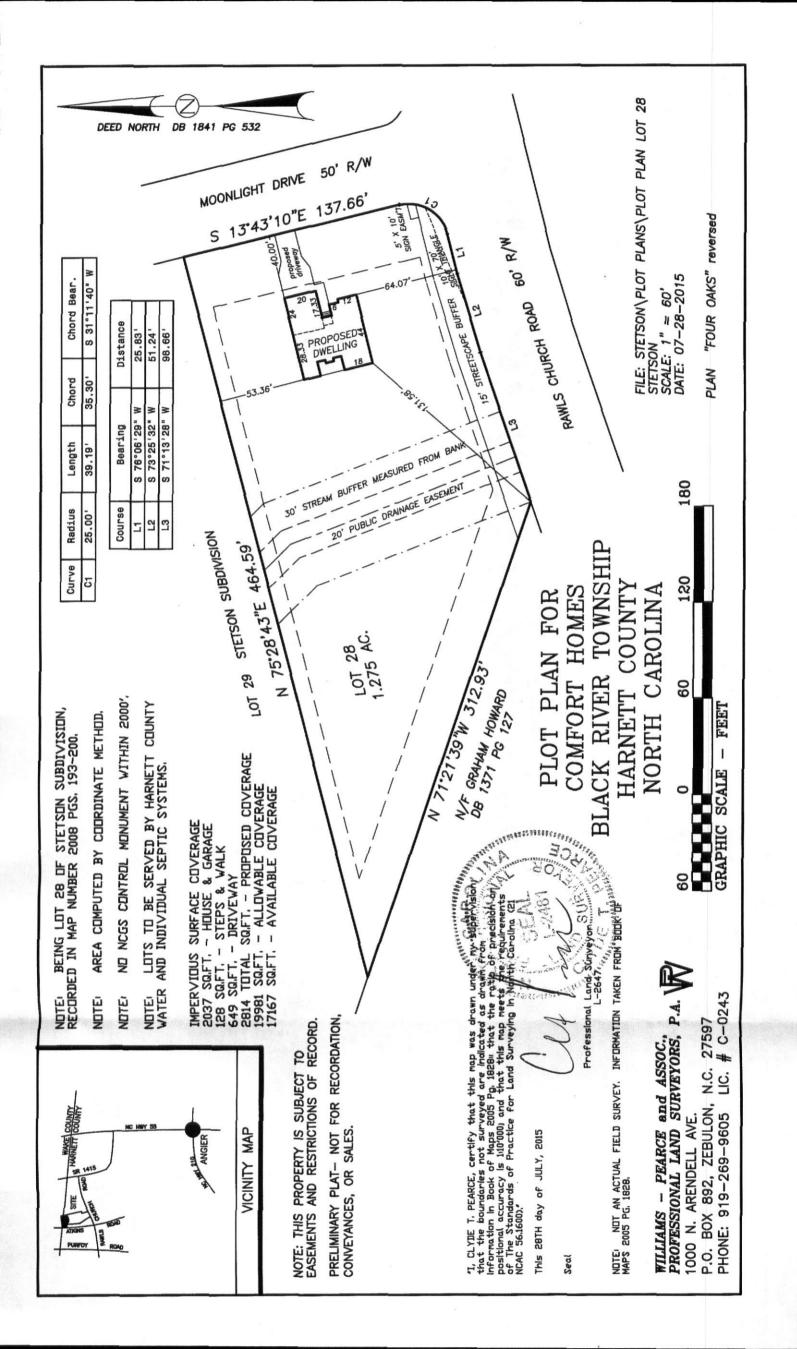
- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE 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			3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
If applying	for authorizat	ion 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 application I	ant shall notify f the answer is	y the local health department upon submittal of this a s "yes", applicant MUST ATTACH SUPPORTING	application if any of the following apply to the property in G DOCUMENTATION:
{_}}YES	{_}} NO	Does the site contain any Jurisdictional Wetlands?	unknown
{_}}YES	(X) NO	Do you plan to have an irrigation system now or in	the future?
{}}YES	(X) NO	Does or will the building contain any drains? Pleas	se explain
YES	\sqrt{X} 1 NO	Are there any existing wells, springs, waterlines or	Wastewater Systems on this property?
	1X NO	Is any wastewater going to be generated on the site	e other than domestic sewage?
YES	(<u> </u> } ио (<u> </u> ∤ ио	Is the site subject to approval by any other Public A	Agency?
(½)YES	{_}} NO	Are there any Easements or Right of Ways on this	property?
}YES	NO I	Does the site contain any existing water, cable, pho	one or underground electric lines? - only@ street right
		If yes please call No Cuts at 800-632-4949 to loca	te the lines. This is a free service.
92229 SSS 1025			

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)



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

Owners Name Comfort Homes Inc.	Date <u> </u>
Owner's Name Conton Tomes The.	A Phone 919-553-3242
Directions to job site from Lillington 401 North, Rich	Se on Razis
Church Rd, left on Atkins Rom	d, Subaulilian
on right	\sim 0
Subdivision Stetson	Lot QB
Description of Proposed Work Construction of Single Family	Home # of Bedrooms
Heated SF 1389 Unheated SF 480 Finished Bonus Room? General Contractor Information	Crawl Space Siab
Confort blomes Inc	919-553-3242
Building Contractor's Company Name	Telephone
SOBOK JA Claubor NC 27528	Confethomes @ aol. Co.
Address	Email Address
33184	
License #	n ,
Electrical Contractor Information	ZODAMIDS TOTOR
Description of Work October 1	919-975-0599
Summerfield Electric Electrical Contractor's Company Name	Telephone
705 Thunksgiving Vol. Fire Ded. Rd. Selma NC	
705 (hunksgiving Val. time Leg. 12.	Email Address
Address	
22825 License #	nation
Mechanical/hyac Contractor me	Va.
Description of Work Rough in + trimout + other Ventales	919-329-0686
Stackerson Horing Ther	7/7-32/1-888
Li	Leiebuone
343 Shipwash Dr. Garne-NC-27529	Email Address
Address	Lindii / Kdd. 000
18644	
License # Plumbing Contractor Information	on
Description of Work Rough in + Trimouts	# Baths
Description of Work Nouse 1	919-934-1379
Ambit Plumbing Plumbing Contractor's Company Name	Telephone
755 Rock Pillan Rd. Clayton NC 27520	
	Email Address
Address	
	ion.
Insulation Contractor information	9/9-16/-0999
Tatum Insulation - 519 old Drugtould. Garner	9/9-661-0999 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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

Date			
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) 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 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 Content Homes In			
Sign w/Title Latie White and the Date 7-28-15			
O .			

1987

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 333874

Filed on: 08/04/2015

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(muito:support@tiensnc.com)

Project Property

Stetson Lot 28 570 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 Phone: 919-553-3242

View Comments (0)

Technical Support Hotline: (888) 690-7384

July 28, 2015

Comfort Homes, Inc. has an option to purchase Lots 1, 27, 28, and 53 in Stetson Subdivision, recorded in Map Book 2008, Pages 193-200, Harnett County Register of Deeds.

Jul-Aslina (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 28th day of July 2015.

(Notary Public)

My commission expires 4/2/17.

