Initial Application Date: 9/02/2015	Application # 1550037084
	CU#
COUNTY OF HARNETT RESIDENTIAL LAND USE API Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2  A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIF	PLICATION Fax: (910) 893-2793 www.harnett.org/permits RED WHEN SUBMITTING A LAND USE APPLICATION**
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  *Please fill out applicant information if different than landowner	comfrthomes@aol.com
City: State: Zip: Contact No: *Please fill out applicant information if different than landowner	Email:
CONTACT NAME APPLYING IN OFFICE: Julian Stewart	_ Phone #
PROPERTY LOCATION: Subdivision: Mill Branch	Lot #:Lot Size:_1.1 acre
State Road #State Road Name: Hwy 401	Map Book & Page 2016 / 172 - 1
Parcel: 080652 0097 44 PIN: 0652-15-7354.000  Zoning: RA-40 Flood Zone: Watershed: Deed Book & Page: Latter	
*New structures with Progress Energy as service provider need to supply premise number 02854351  PROPOSED USE:  SFD: (Size 54' x 58') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: ✓  (Is the bonus room finished? (✓) yes (_) no w/ a closet? (_) yes (_)	Deck: ✓ Crawl Space: ✓ Slab: Slab:
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any other site built add	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:	(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
□ Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:
□ Addition/Accessory/Other: (Sizex) 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	
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 $(\checkmark)$ yes $(\_)$ no	
Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes:	Other (specify):
• • • • • • • • • • • • • • • • • • • •	
Front Minimum 35' Actual 62'	

Residential Land Use Application

30'

35'

25'

10'

n/a

Rear

Closest Side

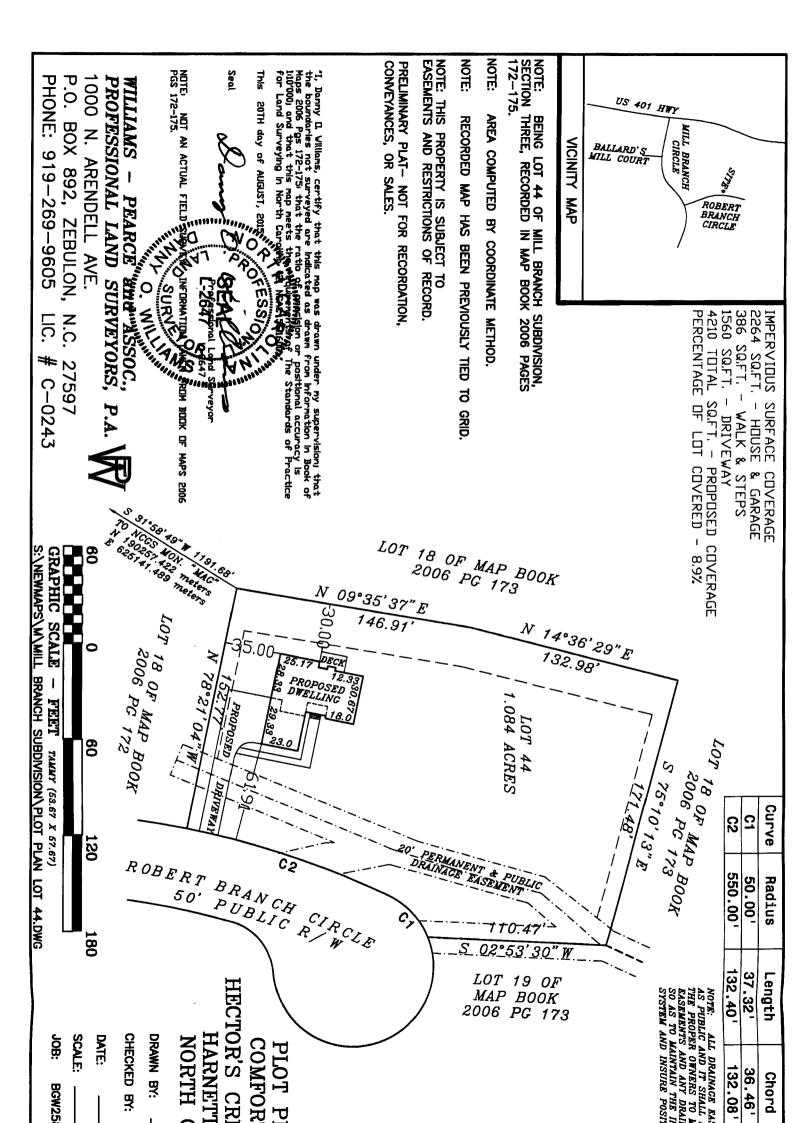
Nearest Building on same lot

Sidestreet/corner lot\_n/a

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: $\frac{401 \text{ N, subdivision o}}{100 \text{ N, subdivision o}}$	n right
If permits are granted I agree to conform to all ordinances and laws of the State of North Card I hereby state that foregoing statements are accurate and correct to the best of my knowledge	olina regulating such work and the specifications of plans submitted e. Permit subject to revocation if false information is provided.
+allolilete	9/2/15
Signature of Owner or Owner's Agent	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: Confort Dones Dr.C.

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 3ECOME 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. <u>Please note confirmation number</u> 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			can be ranked in order of preference, must choose one.		
() Accepted	· · · · · · · · · · · · · · · · · · ·	{_}} Conventional			
{}} Alternative	{} Other		<del></del>		
		ment upon submittal of this ap T ATTACH SUPPORTING	pplication if any of the following apply to the property in DOCUMENTATION:		
	Does the site contain	any Juris dictional Wetlands?	unknown		
	Do you plan to have a	n <u>irrigation system</u> now or in	the future?		
_}YES {\(\frac{\times}{\times}\)} NO	Does or will the build	ing contain any <u>drains</u> ? Pleaso	e explain		
I_IYES (X) NO	Are there any existing	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
_ YES  X NO	Is any wastewater goi	Is any wastewater going to be generated on the site other than domestic sewage?			
_ YES {\( \sum_\) NO	Is the site subject to a	Is the site subject to approval by any other Public Agency?			
YES   NO	Are there any Easeme	nts or Right of Ways on this p	property?		
_ YES   NO	Does the site contain	any existing water, cable, pho	ne or underground electric lines? - only @ street ri		
			e the lines. This is a free service.		
I Have Read This Appli	cation And Certify That Th	e Information Provided Hereir	Is True, Complete And Correct. Authorized County And		
State Officials Are Gra	nted Right Of Entry To Con	duct Necessary Inspections To	Determine Compliance With Applicable Laws And Rules.		
Understand That I An	Solely Responsible For Th	e Proper Identification And La	beling Of All Property Lines And Corners And Making		
The Site Accessible So	hat Complete Site Evalua	ation Can Be Performed.	9-2-15		

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

# September 1, 2015

Comfort Homes, Inc. has an option to purchase Lots 18, 21, and 44 in Mill Branch Subdivision, recorded in Map Book 2006, Pages 172-174, Harnett County Register of Deeds.



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 1st day of September 2015.

Rotary 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 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**

protesting the design of the second of	2-2-15
Owner's Name Control Homes Inc.	Date 7 315
	Pugue Phone 919-55-3-324
Directions to job site from Lillington 401 N. about Co	41/102 SMANIO17AL
or right.	
Subdivision Mill Branch	Lot
Description of Proposed Work Construction of Single	
Heated SF 1965 Unheated SF 563 Finished Bonus Room?  General Contractor Information	Crawl Space Slab
Confort blomes Inc	919-553-3242
Building Contractor's Company Name	Telephone
86206 De rober Of Also	Confethomes @ aol. Co
Address	Email Address
33184	·
License #	NOD.
Electrical Contractor Information Service Size	ZOOAmps T-PoleYesNo
Description of Work 1999	919-975-0599
Summerfield Electric Electrical Contractor's Company Name	Telephone
705 Thunksgiving Vol. Fire Ded. Rd. Selma NC	
Address	Email Address
22825	
11	mation
Mechanical/hyac Collifactor into	Lease
Description of Work Rough in + trimout + other Vental	919-329-0686
Starkenson Heating The	Telephone
Machanical Contractor's Company Name	, and provide the control of the con
343 Shipwash Dr. Garne-NC-27529	Email Address
Address	
<u> 18644                                  </u>	
License # Plumbing Contractor Informa	<u>tion</u>
Description of Work Rough in + Trimouts	# Baths
A. L. + Diamina	919-934-1379
Ambit Plumbing Plumbing Contractor's Company Name	Telephone
755 Rock Pillan Rd. Clayton NC 27520	
Address	Email Address
20823	
License # Insulation Contractor Informa	ation
1/5: 11 0/2	919-661-0999
Insulation Contractor's Company Name & Address	9/9-661-0999 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 Zcning Ordinance I state the information on the above contractors is correct as known to me and that <a href="https://linear.com/li

**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 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) 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 Pallie Wife Cossit Daily Date 7-2-15

1987

## DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 347371

Filed on: 09/01/2015

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(mailto support@henane.com)

#### **Project Property**

Mill Branch Lot 44 125 ROBERT BRANCH CIRCLE 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.

Date 10/13/15

Application Number . . . . . 15-50037084
Property Address . . . . . . 125 ROBERT BRANCH CIR

Permit . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1108836

## 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	104	B104	R*FOUND & SETBACK VERIF SURVEY		_/_/_

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 type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . MILL BRANCH Property Zoning . . . . . . RES/AGRI DIST - RA-40 Owner Contractor COMFORT HOMES INC R & K DEVELOPING LLC & ANDERSO PO BOX 369 CLAYTON NC 27520 N CONSTRUCTION INC 612 JACKSON KING RD NC 27501 (919) 553-3242 ANGIER Applicant \_\_\_\_\_\_ COMFORT HOMES INC #44 PO BOX 369 NC 27528 CLAYTON (919) 553-3242 Structure Information 000 000 54X58 3BDR CRAWL W/ GARAGE & DECK Flood Zone . . . . . . . . . . . . . . FLOOD ZONE X
Other struct info . . . . . # BEDROOMS
PROPOSED USE 3000000.00 SFD SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY COUNTY WATER SUPPLY \_\_\_\_\_\_ Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1108836 Issue Date . . . 10/13/15 Valuation . . . . Expiration Date . . 10/12/16 Special Notes and Comments T/S: 09/10/2015 03:05 PM JBROCK ----

HARNETT COUNTY CENTRAL PERMITTING