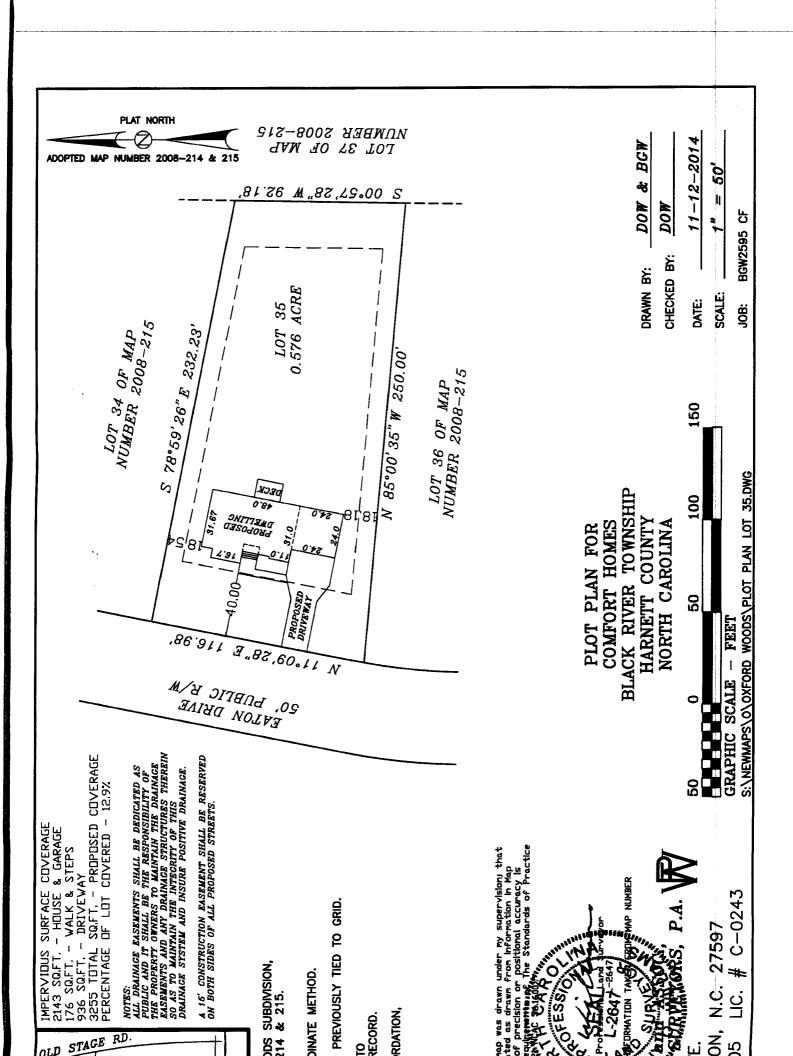
	olication #
County of Harnett Residential Land USE APPL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2	CU#
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRE	D WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Comfort Homes, Inc. Mailing Address: P O Box 36	e West
LANDOWNER: Comfort Homes, Inc. Mailing Address: P O Box 36 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 Clayton NC 27528 919 553 3242	somfrthomas@aal.com
City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 *Please fill out applicant information if different than landowner	Email: Committiones@aoi.com
CONTACT NAME APPLYING IN OFFICE: Julian Stewart	
PROPERTY LOCATION: Subdivision: Oxford Woods	Lot #: 35 Lot Size: .576 acre
State Road # 1006 State Road Name: Old Stage Road N	Map Book & Page: /
Parcel: 040692 0017 30 PIN: 0682-88-8951.000	
Zoning: RA-30 Flood Zone: Watershed: IV Deed Book & Page: /	_Power Company*: Duke Progress Energy
47575047	from Progress Energy.
PROPOSED USE:	Monolithic
SFD: (Size 48' x 38'6") # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: ✓ D (Is the bonus room finished? () yes (✓) no w/ a closet? () yes (✓)	
(is the bolius room infished? () yes () no w/ a closet? () yes ()	no (ii yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Si	
(Is the second floor finished? () yes () no Any other site built addition	ons? () yes () no
☐ 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	•
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	hecklist) County Sewer
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (50	0') of tract listed above? () yes (✓) no
Does the property contain any easements whether underground or overhead () yes (\checkmark) no	
Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes:	Other (specify):
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35' Actual 40'	
25' 150'	
Rear 10' 18'	
Sidestreet/corner lot ^{n/a}	
Nearest Building n/a	
on same lot	00144
Residential Land Use Application Page 1 of 2 APPLICATION CONTINUES ON BACK	03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	NC 210 N; right on Benson Road; right on Old Stage; subdivision on right	Old Stage; subdivision on right	
		_	
		_	
		_	
	<u> </u>		
		_	
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing state reach are accurate and correct to the	f the State of North Carolina regulating such work and the specifications of plans see best of my knowledge. Permit subject to revocation if false information is provide	submitted ded.	
+30000g	12/08/15		
Signature of Owner or Owner's Ag	ent 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

The same of the sa



A DDI ICATION	ш.	
APPLICATION	#:	4

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 SystemCode 800

- <u>All property irons must be made visible</u>. 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 given at end of recording for proof of request.</u>
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC If applying	for authorizati	tation to construct please indicate desired system type(s): can be ranked in order of preference, must choose	one.
{} Acc	epted	{}} Innovative {} Conventional {} Any	
{}} Alte	rnative	{} Other	
		ify the local health department upon submittal of this application if any of the following apply to the pris "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	roperty in
{}}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	ON K	Is any wastewater going to be generated on the site other than domestic sewage?	: :
{}}YES	(X) NO	Is the site subject to approval by any other Public Agency?	•
{_}}YES	ON W_1	Are there any Easements or Right of Ways on this property?	÷
{}}YES	DN PC	Does the site contain any existing water, cable, phone or underground electric lines? - only	Street righ
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.	ce muy
	1 2001-1-1 11 4	A LC COMMINISTRATION OF THE PROPERTY OF THE PR	

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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

DATE

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
PC-Box 65 Lillington NC 27546
910 893 7526 Fix 910 893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name Comfort blong In a	- A -
Sita Address 31 - 5 - 1 - 1 - 1	Date 13-8-15
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	27501 Phone 919-553-3349
E'017 - E/1/	2 - Transair CAD
1. and Old Sade: Subdivision	mright
Subdivision Oxford Winner	
Description of Proposed Work Construction of Single	Lanily of Bedrooms
Heated SF Solution Unheated SF Solution Bonus Room?	Crawl Space Wolab
Candal Lanos buc	- O. O V
Building Contractor s Company Name	919-553-3343 Telephone
50 BON 3PO COMPUTE 93228	Confet homes @aal com
Address	Email Address
35\8+ License #	t- interpretation
Electrical Contractor Information	
Description of Works Dughin & Thinh Dut Service Size	Amps T-Pole Yes No
Signature of the samuel	919-975-0599
Electrical Contractor's Company Name	Telephone
Address Hank squire bolt ite sect la se math	50876
33832	Email Address
License #	·
Mechanical/j-IVAC Contractor Inform	
Description of Work Zoignin trimont + ottor ve	ojkja,
Sectiones bodies & Pix	919.320.01.21
Mechanical Contractor s Company Name	Telephone
Address Stigning by Gainer DC 2758	λ
18644	Email Address
License #	
Plumbing Contractor Information	1
Description of Work Tough in 4 trim out	# Baths
pridmed & internal	919-550-4833
Plumbing Contractor's Company Name	Telephone
Address Address	<u>}</u>
29/27	Email Address
License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Add Day Some	4 919-661-0999
Insulation Contractor's Company Name & Address Garage	Telephone
PESCE	THE PERSONS
*NOTE General Contractor must fill out and sign the secon	d name of this analysis -

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 bermission-to-obtain-these-permits- and if <a href="main-y-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 12-8-15
Signature of Owner/Contractor 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 Confirst Hones In
Sign w/Title Pallie Wile Cost bac'y Date 13-8-15

1987

THE PARTY IN

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 382677

Filed on: 11/18/2015
Initially filed by: ComfortHomes

Designated Lien Agent

Project Property

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(multo support@liensnc.com)

Oxford Woods lot 35 36 EATON DRIVE ANGIER, NC 27501 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

	PS	Date_	16.10	1/2
Plan Box #	<u> </u>	Job Na	ame	头 100
App #_156	500376	Seluation 150,3	36 Heated FO E	150
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Valuation 190, 5	Č	
			Gara	ge_576
Inspections fo	r SFD/SFA			
Crawl	Slab	Mono	Basement	
Footing	Footing	Plum Under Slab	Footing	
Foundation	Foundation	Ele. Under Slab	Foundation	
Address	Address	Address	Waterproofing	
Open Floor	Slab	Mono Slab	Plum Under slab	*
Rough in	Rough in	Rough in	Address	
Insulation	Insulation	insulation	Slab	
Final	Final	Final	Open Floor	
			Rough in	
			Insulation	
1		i	Final	
Foundation Surv	/e y	Envir. Health / Dell	Other	
			-	
Additions / Othe	<u> </u>	***************************************		••••••
Faatina				
Footing				
Foundation				
Slab				٠.
Mono				
Open Floor				
Rough In				
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inal				

November 24, 2015

Comfort Homes, Inc. has an option to purchase Lots 14, 16, 35, 37, and 38 in Oxford Woods Subdivision, recorded in Map Book 2008, Pages 214-215, 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 24th day of November 2015.

(Notary Public)

My commission expires 4/2/17.



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 Date 2/16/16 Application Number 15-50037675

Subdivision Name OXFORD WOODS

Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1120153

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	Albert Carl	_/_/
50-60	229	R229	TWO TRADE FINAL		/_/
999		H824	ENVIR. OPERATIONS PERMIT		//

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. _____ Application Number 15-50037675 Date 2/16/16 Property Address 36 EATON DR PARCEL NUMBER ... 04-0692- - -0017- -30Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name ... OXFORD WOODS Property Zoning RES/AGRI DIST - RA-30 Contractor Owner _______ COMFORT HOMES INC CHEYENNE DEVELOPERS #35 PO BOX 369 PO BOX 310 NC 27501 CLAYTON NC 27520 ANGIER (919) 553-3242 Applicant COMFORT HOMES #35 PO BOX 369 CLAYTON NC 27528 (919) 553-3242 Structure Information 000 000 48X38 3 BR ATT GR, DECK UNF BONUS CRAWL Flood Zone FLOOD ZONE X 3.00 Other struct info # BEDROOMS # BEDROOMS PROPOSED USE SFD SEPTIC - EXISTING? NEW WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1120153 Issue Date 2/16/16 Valuation Expiration Date . . . 2/15/17

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65