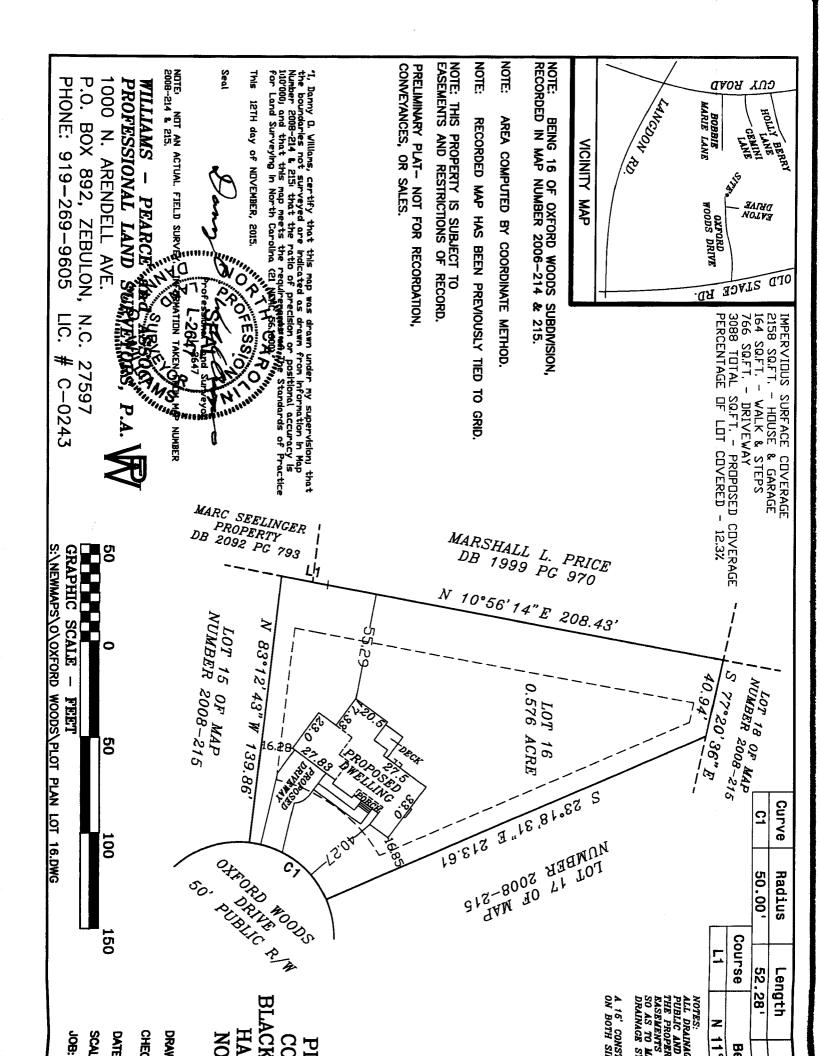
Initial Application Date:	11/24/2015			Application	n# (57676
	12015	NINTY OF HADNE	TT RESIDENTIAL LAN		CL#	
Central Permitting	108 E. Front Street,			7525 ext:2 Fax: (www.harnett.org/permits
"A RECORDED	SURVEY MAP, RECORDED	DEED (OR OFFER TO	PURCHASE) & SITE PLAN	ARE REQUIRED WHEN	SUBMITTING A L	AND USE APPLICATION**
LANDOWNER: Comfo	rt Homes, Inc.		Mailing Address:	P O Box 369		
City: Clayton	State	: <u>NC</u> Zip: 27528	Contact No:919 55	3 3242 En	nail: <u>comfrthor</u>	mes@aol.com
APPLICANT*. Comfor	Homes, Inc.	Mailina /	Address: P O Box 369			
City: Clayton	t Homes, Inc. State	NC Zin. 27528	Contact No: 919 55	3 3242 _{En}	comfrthor	mes@aol.com
*Please fill out applicant inf	ormation if different than lan	downer		——————————————————————————————————————	iaii	
CONTACT NAME APP	LYING IN OFFICE: Julia	n Stewart		Phone #	919 422 148	1
PROPERTY LOCATION	N: Subdivision: Oxford	Woods			_ Lot #: 16	Lot Size: .576 acre
State Road # 1006	State Road Na	me: Old Stage Ro	ad N		_ Map Book & F	15 + 416 BOS 184
Parcel: 040692 0017	26		PIN:0682-88-4	4882.000		Pag 2008 /214 +21
Zoning: RA-30 Floo	d Zone: Waters	hed: Dee	d Book & Page:	Powe	r Company*: D	uke Progress Energy
*New structures with Pro	ogress Energy as service	provider need to su	pply premise number _	94797870	from	m Progress Energy.
		r finished? () yes	() no Any other sit	te built additions? (_) yes () no	
Duplex: (Size	_x) No. Buildings:	N	o. Bedrooms Per Unit:			
☐ Home Occupation:	# Rooms:	Use:	Hours of C	Operation:		#Employees:
Addition/Accessory	/Other: (Sizex) Use:			Closets in	addition? () yes () no
Sewage Supply: Does owner of this tract	ounty Existing W New Septic Tank (Complete of land, own land that co	ete Checklist)	Existing Septic Tank ed home within five hun	(Complete Checklist) Count	y Sewer
	roposed): Single family d	•	<u> </u>		— Other (so	ecify):
,		<u></u>				
251	Property Line Setbacks	: Comm	ents:			
Front Minimum 35'	Actual					
Rear						
Closest Side						
Sidestreet/corner lot					•	
Nearest Building 11/0 on same lot				······································		

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	NC 210 N; right on Benson Road; right on Old Stage; subdivision on right
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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.
Xable Wate	11/24/15
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

A STATE OF THE PARTY OF THE PAR



NAME: Confat Lones, Inc.

L DDT TO L MTOLT !!	
APPLICATION #:	
ALLEICATION T.	

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 SystemCcde 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.

<u>SEPTIC</u>			n be ranked in order of preferenc	
{}} Accepted	[] Innovative {			e. musi encose one.
•		47 Conventional	1—1 Any	
{}} Alternative	{ <u>'</u> } Other		_	
	the local health department upon "yes", applicant MUST ATT		olication if any of the following DOCUMENTATION:	apply to the property in
(_)YES (_) NO	Does the site contain any Juris	sdictional Wetlands?	unknown	
_ YES X NO	Do you plan to have an <u>irrigat</u>	<u>ion system</u> now or in tl	ne future?	
$\{\bot\}$ YES $\{X\}$ NO	Does or will the building cont	ain any drains? Please	explain	· · · · · · · · · · · · · · · · · · ·
$ $ YES $ \underline{X} $ NO	Are there any existing wells.	springs, waterlines or V	Vastewater Systems on this prop	erty?
	Is any wastewater going to be	generated on the site o	ther than domestic sewage?	
YES (X) NO	Is the site subject to approval	by any other Public Ag	ency?	
YES {\(\frac{1}{\frac{1}{2}}\)} NO	Are there any Easements or R	ight of Ways on this pr	operty?	
(_)YES (\(\frac{1}{2}\) NO			e or underground electric lines?	,
	If yes please call No Cuts at 8	300-632-4949 to locate	the lines. This is a free service	
I Have Read This Applicat	ion And Certify That The Inform	uation Provided Herein	Is True, Complete And Correct.	Authorized County And
State Officials Are Grantee	Right Of Entry To Conduct Nec	cessary Inspections To I	Determine Compliance With App	licable Laws And Rules.
I Understand That I Am S	olely Responsible For The Proper	ldentification And Lab	eling Of All Property Lines And	Corners And Making
The Site Accessible So Tha	t A Complete Site Evaluation Ca	n Be Performed.		11-23-15
PROPERTY OWNERS	OR OWNERS LEGAL REP	RESENTATIVE SIGN	NATURE (REQUIRED)	DATE

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match. Harneti 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 Contact dones buc	2125
Site Address 32 Oxford Dands D' Araber N	Date 11-03-15
Directions to job site from Lillington 100-310 N.T. a	23 Phone 919-553-3249
Fight on Old Some Subdianies	THON Benson Kong.
Service Survey (a)	w right
Subdivision Oxford Words	
0	for 10
Description of Proposed Work Construction of Single	Lanil Bedrooms
Heated SF 1545 Unheated SF 569 Finished Bonus Room?	00 Crawl Space 100 Slab
Santral Contractor Information	
Building Contractor's Company Name	414-553.3342 Telephone
PO SON 369 Clarke 12 37538	\wedge \wedge \wedge \wedge
Address	Email Address
33184	
License #	
Description of Work Duapan Service Size	Modern T-Pole Yes No
Summer Gold & Jectric	919-975-0599
Electrical Contractor's Company Name	Telephone
205 thanksquing bot Fire I rept Rd Selman	L 37576
Address 2 6	Email Address
License #	•
Mechanical///iVAC Contractor Inform	ation
Description of Work Rough in Frimon 4 + 0401 De	
Sectioner Volta 1 Pix	0,0,000 51.01
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garer NC 3758	1
Address	Email Address
18044	
License # Plumbing Contractor Information	
Description of Work Touch in 1 tring out	
The second of th	# Baths
Plumbing Contractor's Company Name	919-550-4833 Telephone
360 Dingan Rd. Claring W. mer	
Address	Email Address
22/52	
License #	
Insulation Contractor Information	
11271W 10511W00 251111177 Chart	
Insulation Contractor's Company Name & Addivises	999-1001-0999
Insulation Contractor's Company Name & Address Carrer, 27529	

*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

11-25-16

11000
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) 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 Confort Hones In
Sign w/Title Lable Waite Cost being Date W-23-15

197

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 382692

Filed on: 11/18/2015
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(multo support@ltensnc.com)

Project Property

Oxford Woods lot 16 312 OXFORD WOODS 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

Plan Box #	P5	Date	12:10:15
Plan BOX #		Job Name	e CUMART NOVI
App # 3	676	Valuation 148 320	Heated SQ Feet 1545
			Garage 569
Inspections for	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 Final
Foundation Surve	Y	Envir. Health <u>NC</u> W	Other
		• .	

Additions / Other			
Footing			
		•	
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/lono			· ·
pen Floor			
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sulation			
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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 1/13/16

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1120179

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20-30 30-999 40-50 40-60 40-60 40-60 50-60 50-60	101 103 814 105 129 425 125 325 225 429 131	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429 R131 R329	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL		
50-60 999	229	R229 H824	TWO TRADE FINAL 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 type description CP NEW RESIDENTIAL (SFD) Subdivision Name OXFORD WOODS
Property Zoning RES/AGRI DIST - RA-30 Contractor Owner ------CHEYENNE DEVELOPERS #16 COMFORT HOMES INC PO BOX 369 PO BOX 310 NC 27501 CLAYTON NC 27520 (919) 553-3242 ANGIER Applicant ______ COMFORT HOMES #16 PO BOX 369 CLAYTON NC 27528 (919) 553-3242 Structure Information 000 000 68X48 3 BR ATT GRG DECK UNF BONUS CRAWL Flood Zone FLOOD ZONE X Other struct info # BEDROOMS PROPOSED USE SFD 3.00 SEPTIC - EXISTING? NEW WATER SUPPLY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . .

Phone Access Code . 1120179

Issue Date . . . 1/13/16 Valuation . . . 148320

Expiration Date . . 1/12/17 Special Notes and Comments T/S: 12/14/2015 10:06 AM DJOHNSON --OXFORD WOODS LOT 16 PREMISE NO 94797870

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65