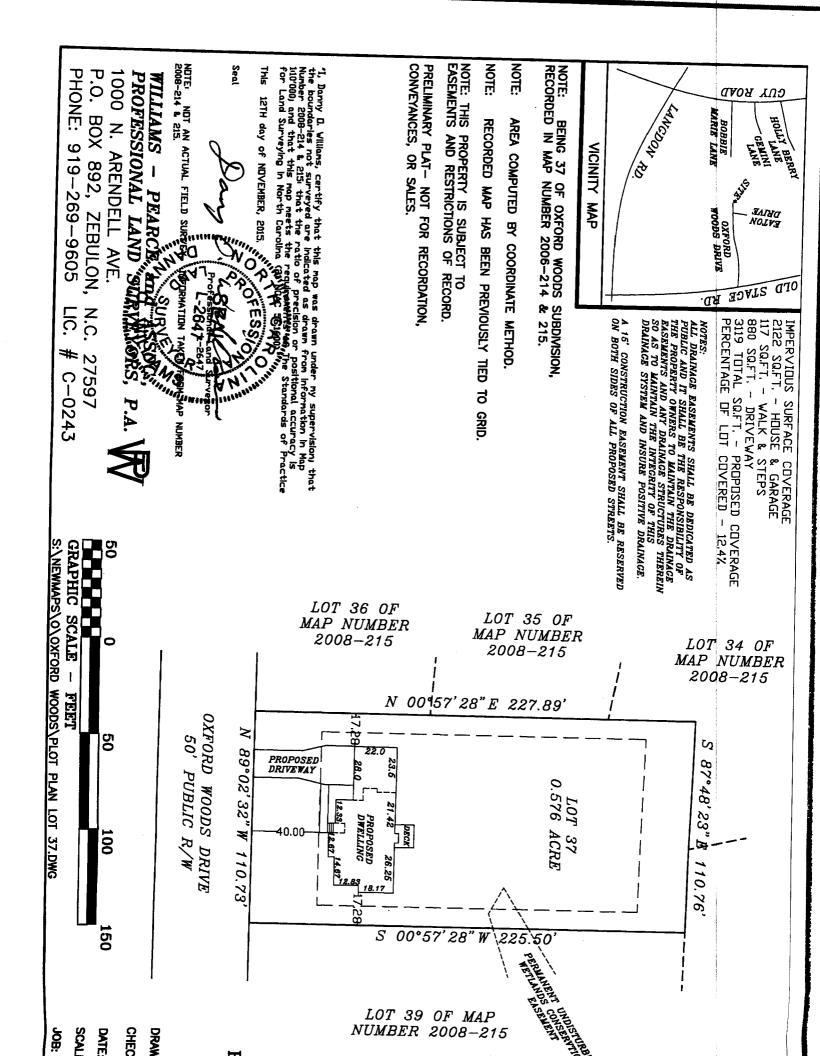
| Initial Application Date: | A-11/2 1 37 (78 |
|--|---|
| Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893 | Application # CU# |
| "A RECORDED SURVEY MAR. RECORDED DEED CO. CETTER OF CO. CE | 3-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/perm |
| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN LANDOWNER: Comfort Homes, Inc. | |
| | P O Box 369 |
| City: Clayton State: NC Zip: 27528 Contact No: 919 55 | 53 3242 Email: comfrthomes@aol.com |
| APPLICANT*: Comfort Homes, Inc. | |
| APPLICANT*: Comfort Homes, Inc. Mailing Address: P O Box 369 City. Clayton NC 27528 | 70.0040 |
| City: Clayton State: NC Zip: 27528 Contact No: 919 55 | 53 3242 Email: comfrthomes@aol.com |
| | Phone # 919 422 1481 |
| Outout Wood | |
| State Road # 1006 State Road Name: Old Stage Road N | Lot #: 37 Lot Size: .576 acre |
| Parcel: 040692 0017 32 | Map Book & Page 2008 / 2141 |
| | 1827.000 |
| Coning: RA-30 Flood Zone: Watershed: IV Deed Book & Page: | / Power Company*: Duke Progress Energy |
| New structures with Progress Energy as service provider need to supply premise number $\frac{9}{2}$ | 00721916 from Progress Energy. |
| PROPOSED USE: | |
| SFD: (Size 76'2" x 36'4") # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Ga (Is the bonus room finished? () yes (\(\subseteq \) no w/ a closet? (|) yes (▼) no (if yes add in with # bedrooms) rage: Site Built Deck: On Frame Off Frame |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: |) yes (♥) no (if yes add in with # bedrooms) rage: Site Built Deck: On Frame Off Frame e built additions? () yes () no Garage:(site built?) Deck:(site built?) |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Open Acceptable of the property of | |
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| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (ls the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Open Addition/Accessory/Other: (Sizex) Use: | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gan | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operator Addition/Accessory/Other: (Sizex) Use: Hours of Operator Supply:✓ County Existing Well New Well (# of dwellings using wear wage Supply:✓ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Existing Well New Well (# of dwellings using we wage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gan (lis the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Existing Well New Well (# of dwellings using well wage Supply: New Septic Tank (Complete Checklist) Existing Sep | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Hours of Ope Addition/Accessory/Other: (Sizex) Use: Existing Well New Well (# of dwellings using we wage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) | |
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| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Or Addition/Accessory/Other: (Sizex) Use: Hours of Or wage Supply:✓ County Existing Well New Well (# of dwellings using we wage Supply:✓ New Septic Tank (Complete Checklist) Existing Septic Tank (ces owner of this tract of land, own land that contains a manufactured home within five hundres the property contain any easements whether underground or overhead (✓) yes () uctures (existing or proposed): Single family dwellings:proposed Manufactured Hourselectures (existing Property Line Setbacks: Comments: | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () noAny other site | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operator Addition/Accessory/Other: (Sizex) Use: New Well (# of dwellings using we wage Supply:✓ County Existing Well New Well (# of dwellings using we wage Supply:✓ New Septic Tank (Complete Checklist) Existing Septic T | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation | |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar (Is the second floor finished? () yes () no Any other site Manufactured Home:SWDWTW (Sizex) # Bedrooms: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operator Addition/Accessory/Other: (Sizex) Use: New Well (# of dwellings using we wage Supply: _✓ County Existing Well New Well (# of dwellings using we wage Supply: _✓ New Septic Tank (Complete Checklist) Existing Septic Tank (| |

| PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 210 N; right | t on Benson Road; right on Old Stage | ; subdivision on right |
|---|---|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ermits are granted I agree to conform to all ordinances and laws of the State of North reby state that foregoing statements are accurate and correct to the best of my know | Carolina regulating such work and the spe | ecifications of plans submit |
| Signature of Owner or Owner's Agent | 11/24/15 | information is provided. |

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



| NAN | IE: Con | APPLICATION #: | |
|-----------|------------------------|---|-----------|
| | | *This application to be filled out when applying for a continue to | |
| | ounty Health | DENATIONAL ADDITION for Insurance and D. V. 14 | |
| IF TH | IE INFORMATION | IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT | |
| denen | oll I OR AUTHORI | ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plan = 100 months of without expiration submitted.) | |
| асрен | 910-893-752 | 25 action 1 | 411 |
| A. 1 | Environmental | Health Now Service Control | |
| 7 | All property | Health New Septic SystemCcde 800 | _ |
| | lines must be | virons must be made visible. Place "pink property flags" on each corner iron of lot. All proper e clearly flagged approximately every 50 feet between corners. | rty |
| • | Place "orang | e house corner flags" at each corner of the proposed attraction at | |
| | | | |
| • | acc c.u.igo | Environmental field in Caro in location that is easily viewed force and the second second | |
| • | | | |
| | | | |
| • | | | ٦, |
| | | | |
| | | | de |
| | (| ecting notification permit if multiple permits exist) for Environmental Health inspection. Please not number given at end of recording for proof of request. | <u>ie</u> |
| • | Use Click2Go | ov or IVR to verify results. Once approved, proceed to Central Permitting for permits. | |
| _ <u></u> | it vii Offilierital Ti | <u>learn Existing rank inspections</u> Code 800 | |
| • | Follow above | instructions for placing flags and card on property | |
| • | Prepare for in | ispection by removing soil over outlet and of tank as diagram indicates the second | ;ŧ |
| • | מוום | with put it back in bidge. (Unless inspection is for a contic tank in a mobile home and it | " |
| • | | E EIDS OF TOP SEPTIC TANK | |
| | if multiple per | ng outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permitmits, then use code 800 for Environmental Health inspection. Please note confirmation number | it |
| | given at end o | f recording for proof of request. | r |
| • | Use Click2Gov | v or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. | |
| SEPTI | <u>~</u> | | |
| If apply | ying for authorizati | 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 app | olicant shall notify | the local health department upon submittal of this application if any of the following apply to the property in | |
| question | n. If the answer is | s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: | |
| {}}YE | | | |
| {}}YE | | Does the site contain any Jurisdictional Wetlands? | |
| {}}YE | | Do you plan to have an <u>irrigation system</u> now or in the future? | |
| | | Does or will the building contain any drains? Please explain. | |
| YE | | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? | |
| {_}}YE | | Is any wastewater going to be generated on the site other than domestic sewage? | |
| {_}}YE | | Is the site subject to approval by any other Public Agency? | |
| (T)YE | S () NO | Are there any Easements or Right of Ways on this property? | |

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. 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

Does the site contain any existing water, cable, phone or underground electric lines? - only street

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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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.

(Seat)

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.

| Plan Box # | 35 | Date Job Nai | 12:10:15 meCONFORTH |
|---|---|---|---|
| App # 37 | 676 | Valuation 169,41 | Heated SQ Feet 158 Garage 52 = 208 |
| Crawl_\ | Slab | Mono | Basement |
| Footing Foundation Address Open Floor Rough In Insulation | Footing Foundation Address Slab Rough In Insulation Final | Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final | Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In |
| | | | Insulation Final |
| oundation Survey | En | vir. Health <u>NC</u> N | Other |
| | ********** | **************** | |
| ditions / Other oting | | 149.9 | 5Z 447. |
|) 10 | | | |

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
POil3ox 65 Lillington NC 27546
910 893 7525 Fix 910 893 2793 www.harnett.org/permits

Application for Rejudential Building and Trades Permit

| | is and Trades Permit |
|--|--|
| Owner's Name Contact Homes Inc | |
| Site Address 224 Duranting | Date 11-23-15 |
| Directions to inhart for the | Hazer Co Phone 919-553-3242 |
| rialtan Old Cla | The Benson Rond. |
| 2.211 OU 2006 - : Tressisio | their main |
| Subdivision Oxford Wards | 3 |
| | Lot 37 |
| Description of Proposed Work Constitution of Si | rale tamily of Bedrooms 3 |
| Heated SF 562 Unheated SF 526 Finished Bonus Ro | pom? 10 Crawl Space 10 Slab |
| Land Lomor Las | O.O. |
| Building Contractor s Company Name | 719-553-3242 Telephone |
| Address Address | |
| 2310x | Email Address |
| License # | |
| Description of Works Electrical Contractor Info | ormation |
| Service | e Size 200 Amps T-Pole Yes No. |
| Electrical Contractor's Company Name | - <u>419-975</u> .0599 |
| 205 thanksquing bot Free I was Rd Sel | Telephone |
| Address 300 100 100 100 100 100 100 100 100 100 | |
| | Emoul Address |
| 99892 | Email Address |
| License # | • |
| License # Mechanical/#IVAC Contractor | Information |
| Description of Work Rough in Sinn Description | Information |
| Description of Work Rough in Simon's 4 040 | Information 29.329-0686 |
| Description of Work Contractor Mechanical/MVAC Contractor Description of Work Contractor Mechanical Contractor s Company Name 343 Shipwark St.: (| Information Verify 19.329-0686 Telephone |
| Description of Work Contractor Mechanical/#IVAC Contractor Description of Work Contractor Mechanical Contractor s Company Name Address | Information Verify 19.329-0686 Telephone |
| Description of Work Contractor Mechanical/MVAC Contractor Description of Work Contractor Mechanical Contractor s Company Name 343 Shipwark St.: (| Information Sec. 18:00 Cl. 3-20-01-86 Telephone |
| Mechanical/#IVAC Contractor Description of Work Contractor Mechanical Contractor's Company Name Address License # Plumbing Contractor infor | Information Veri Vila QQ-32Q-0080 Telephone Finall Address |
| Mechanical/#IVAC Contractor Description of Work Contractor Mechanical Contractor's Company Name Address License # Plumbing Contractor infor | Information Veri Villa Q10.330-0080 Telephone Email Address |
| Mechanical///VAC Contractor Description of Work Mechanical Contractor s Company Name Address License # Plumbing Contractor Infor Description of Work Touch in the 1st out | Information Veri Vila QQ-32Q-0080 Telephone Finall Address |
| Mechanical///VAC Contractor Description of Work Mechanical Contractor s Company Name Address License # Plumbing Contractor infor Plumbing Contractor s Company Name | Information Verifying Q1Q. 32Q. 0186 Telephone Email Address Thation # Baths Q1Q. 550. 4833 |
| Mechanical/#IVAC Contractor Description of Work Company Name Mechanical Contractor's Company Name Address License # Plumbing Contractor Infor Plumbing Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name | Information Veri Villa Q10.330-0080 Telephone Email Address |
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| Mechanical/#VAC Contractor Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor's Company Name Plumbing Contractor's Company Name Address | Information Verify QQ-22Q-0086 Telephone Email Address The Baths QQ-550-4833 Telephone Telephone The Company of the C |
| Mechanical/il/VAC Contractor Description of Work Contractor & Company Name Address License # Plumbing Contractor & Company Name Plumbing Contractor & Company Name Address Plumbing Contractor & Company Name Address Addre | Information Verify QQ-22Q-0086 Telephone Email Address The Baths QQ-550-4833 Telephone Telephone The Company of the C |
| Mechanical/#IVAC Contractor Description of Work Company Name Mechanical Contractor's Company Name Address License # Plumbing Contractor Infor Plumbing Contractor's Company Name Address | Information Verification Telephone Email Address Telephone # Baths QU-550-4833 Telephone Email Address |
| Mechanical/MVAC Contractor Description of Work Company Name Mechanical Contractor's Company Name Address License # Plumbing Contractor infor Plumbing Contractor's Company Name Address Address License # Insulation Contractor Inform Insulation Contractor's Company Name Address | Information Verifying Telephone Email Address Telephone # Baths Q10-550-4833 Telephone Email Address Email Address |

*NOTE General Contractor must fill out and sign the second page of this application

| EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years is as per current fee schedule | re-issue fee |
|--|----------------|
| 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 Officer/Agent of the Contractor or Ov | wner |
| Do hereby confirm under penalties of perjury that the person(s) rfirm(s) or corporation(s) performs the permit | rming the work |
| Has three (3) or more employees and has obtained workers compensation insurance to | o cover them |
| Has one (1) or more subcontractors(s) and has obtained workers compensation insural them | nce to cover |
| Has one (1) or more subcontractors(s) who has their own policy of workers compensations themselves | ion insurance |
| 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 Per Department issuing the permit may require certificates of coverage of worker's compensation in to issuance of the permit and at any time during the permitted work from any person firm or co-carrying out the work | DELITABOA DOOF |
| Company or Name Content Hones In | |
| Sign w/Title Lable White Coust being Date 11-3 | 23-15 |
| | |

THE T

1917

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 382691

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@liensnc.com)

Project Property

Oxford Woods lot 37 224 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