

5.23.16

Initial Application Date: 5/11/16

Application # 1650038798

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: 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 Email: comfrthomes@aol.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Julian Stewart Phone # 919 422 1481

PROPERTY LOCATION: Subdivision: Cross Link Place Lot #: 3 Lot Size: 1.3 acre
State Road # 1441 State Road Name: Chalybeate Springs Road Plat cabinet F, Slide 499A(A)
Parcel: 040664 0092 03 PIN: 0664-61-8351.000 Map Book & Page: _____

Zoning: RA-30 Flood Zone: X Watershed: IV Deed Book & Page: 3401, 417 Power Company*: Duke Progress Energy
*New structures with Progress Energy as service provider need to supply premise number 49944668 from Progress Energy.

PROPOSED USE:

- SFD: (Size 55.67' x 54.67') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
- Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)
- Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size _____ x _____) 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 Checklist) _____ County Sewer

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 () yes () no

Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35'	107'
Rear	25'	330'
Closest Side	10'	22'
Sidestreet/corner lot	n/a	_____
Nearest Building on same lot	n/a	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N; right on Chalybeate Springs Rd; subdivision on right

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

5/11/16

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: Coast Homes, Inc.

APPLICATION #: 38798

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 # _____

X 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 undergrowth 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. Please note confirmation number given at end of recording for proof of request.
- 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

If applying for authorization 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 applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands? unknown
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines? - only @ street right of way

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

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-11-16
DATE

Harnett County Central Permitting
PO Box 65 Lillington NC 27548
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

Owner's Name Comfort Homes Inc Date 5-11-16
Site Address 360 Cross Link Drive Angier Phone 919-553-3242
Directions to job site from Lillington 401 North, right on Chalybeate
Spring Rd; subdivision on right

Subdivision Cross Link Place Lot 3
Description of Proposed Work Construction of single family home # of Bedrooms 3
Heated SF 1606 Unheated SF 584 Finished Bonus Room? No Crawl Space yes Slab

General Contractor Information

Comfort Homes Inc
Building Contractor's Company Name Telephone 919-553-3242
PO Box 309, Clayton NC 27528
Address Email Address comforthomes@aol.com
33184
License #

Electrical Contractor Information

Description of Work Rough in + trim out Service Size 200 Amps T-Pole Yes No
Summerfield Electric Telephone 919-975-0599
Electrical Contractor's Company Name
705 Thanksgiving Val Fire Dep. Rd. Selma NC
Address Email Address
22825
License #

Mechanical/HVAC Contractor Information

Description of Work Rough in + trim out + other ventilation
Stephenson Heating + Air Telephone 919-329-0686
Mechanical Contractor's Company Name
343 Shipwash Dr. Garner NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Rough in + Trimouts # Baths
Ambit Plumbing Telephone 919-934-1379
Plumbing Contractor's Company Name
755 Rock Pillar Rd. Clayton NC 27520
Address Email Address
30823
License #

Insulation Contractor Information

Tatum Insulation - 519 old Drug Store Rd. Garner Telephone 919-661-0999
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 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

Pallie Wade
Signature of Owner/Contractor/Officer(s) of Corporation

5-11-16
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 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 Comfort Homes Inc

Sign w/Title Pallie Wade assist Sec'y Date 5-11-16

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 463714

Filed on: 05/10/2016

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@liensnc.com>)

Project Property

Cross Link Place lot 3
360 CROSS LINK 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

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: D JOHNSON Type: CP Drawer: 1
Date: 5/24/16 54 Receipt no: 353998

Year	Number	Amount
2016	50038790	
360 CROSS LINK DR		
ANGIER, NC 27501		
B4	BP - ENV HEALTH FEES	\$750.00
NEW		

COMFORT HOMES INC

Tender detail		
CK CHECK PAYMEN	35692	\$750.00
Total tendered		\$750.00
Total payment		\$750.00

Trans date: 5/24/16 Time: 10:16:44

** THANK YOU FOR YOUR PAYMENT **

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.

Application Number 16-50038798 Date 7/27/16
 Property Address 360 CROSS LINK DR
 PARCEL NUMBER 04-0664- - -0092- -03-
 Application type description CP NEW RESIDENTIAL (SFD)
 Subdivision Name CROSS LINK PLACE
 Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

 COMFORT HOMES INC COMFORT HOMES INC
 P O BOX 369 PO BOX 369
 CLAYTON CLAYTON NC 27520
 CLAYTON NC 27520 (919) 553-3242

Applicant

 COMFORT HOMES INC #3
 PO BOX 369
 CLAYTON NC 27528
 (919) 553-3242

--- Structure Information 000 000 55.67X54.67 3 BR ATT GRG/DK UNFIN BON CR
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW
 WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
 Additional desc . .
 Phone Access Code . 1142751
 Issue Date 7/27/16 Valuation 0
 Expiration Date . . 7/27/17

Special Notes and Comments
 T/S: 05/24/2016 10:11 AM DJOHNSON --
 CROSS LINK PLACE #3
 *****PREMISE NO 49944668*****
 XX
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
 INSULATION AND LAND USE.
 XX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations

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.

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Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	CROSS LINK PLACE		
Property Zoning	RES/AGRI DIST - RA-20M		

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . .
 Phone Access Code . 1142751

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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 7/27/16 51 Receipt no: 29246

Year	Number	Amount
2016	50030790	
360 CROSS LINK DR		
ANGIER, NC 27501		
B1	BP - PERMIT FEES	\$865.00

BLDG PRMIT

COMFORT HOMES INC

Tender detail		
CX CHECK PAYMEN	35995	\$865.00
Total tendered		\$865.00
Total payment		\$865.00

Trans date: 7/27/16 Time: 13:17:06

** THANK YOU FOR YOUR PAYMENT **