

5.23 16

Initial Application Date: 5/11/16

Application # 1050036800

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 #: 2 Lot Size: 1.5 acre  
State Road # 1441 State Road Name: Chalybeate Springs Road Plot cabinet F, Slide 499A(A)  
Map Book & Page: \_\_\_\_\_

Parcel: 040664 0092 02 PIN: 0664-71-0305.000

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 02872538 from Progress Energy.

**PROPOSED USE:**

SFD: (Size 46' x 49') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_ Monolithic 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'	145'
Rear	25'	200'
Closest Side	10'	36'
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

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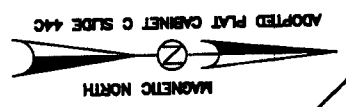
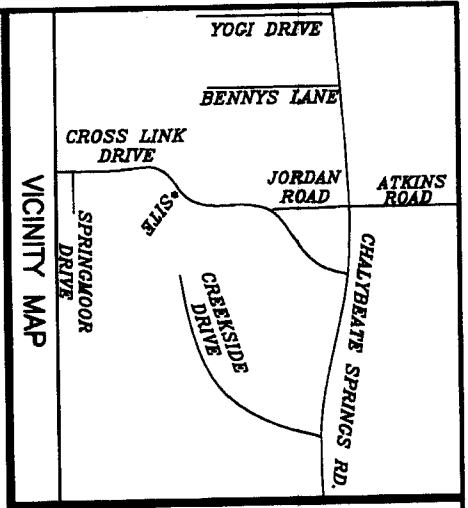
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

*[Handwritten Signature]*  
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\*\***



NOTE: BEING LOT 2 OF CROSS LINK PLACE AS RECORDED IN PLAT CABINET F SLIDES 449A-449C.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS MONUMENT WITHIN 2000'.

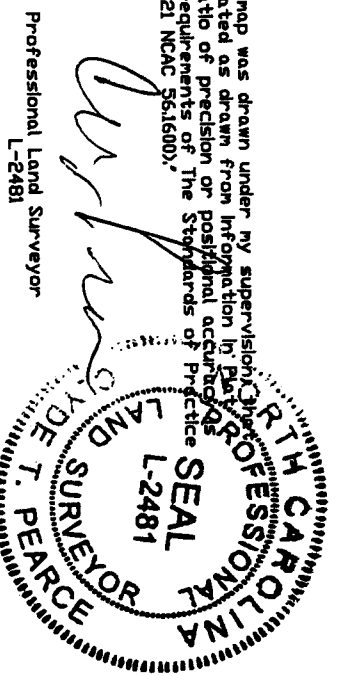
NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

NOTE: A 15' CONSTRUCTION EASEMENT IS RESERVED ON BOTH SIDES OF ALL PROPOSED STREETS.

PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES, OR SALES.

I, CLYDE T. PEARCE, certify that this map was drawn under my supervision, that the boundaries not surveyed are indicated as drawn from information in Plat Cabinet F Slide 449A-499C that the ratio of precision or positional accuracy is 1:10,000 and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

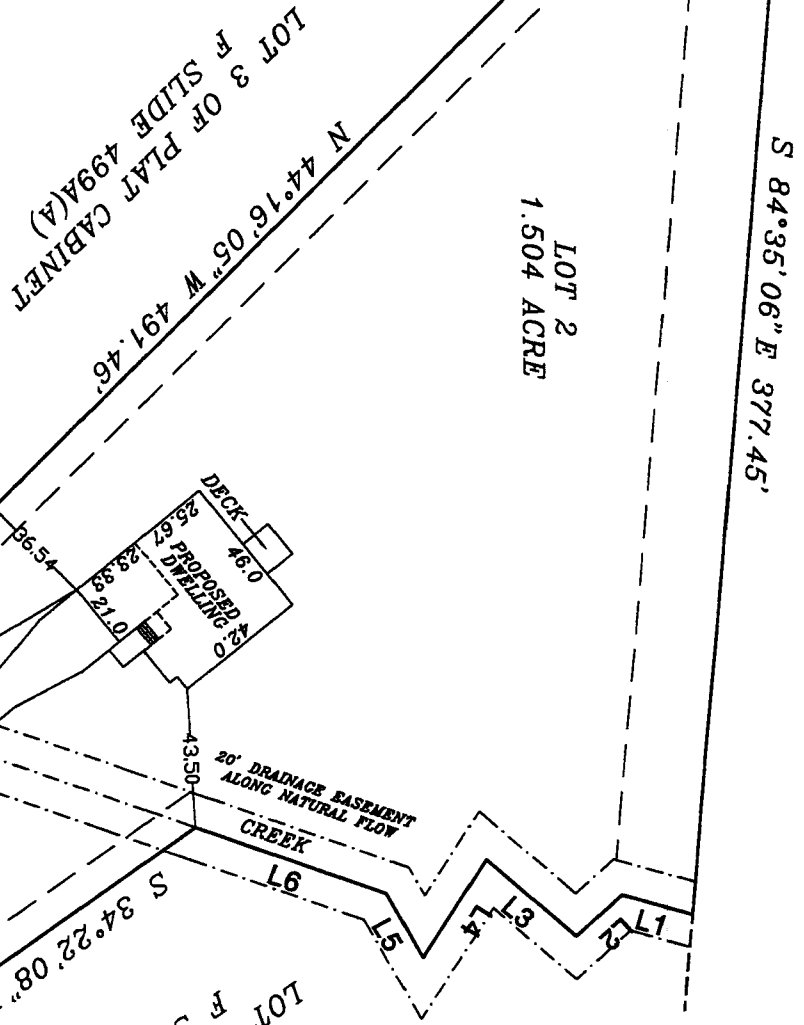
THIS 19TH day of APRIL, 2016.



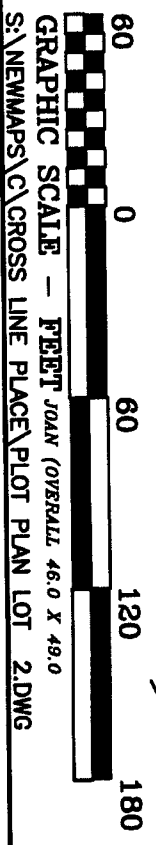
NOTE: NOT AN ACTUAL FIELD SURVEY. INFORMATION TAKEN FROM PLAT CABINET F SLIDE 499A-499C.

**WILLIAMS - PEARCE and ASSOC., PROFESSIONAL LAND SURVEYORS, P.A.**

1000 N. ARENDELL AVE.  
 P.O. BOX 892, ZEBULON, N.C. 27597  
 PHONE: 919-269-9605 LIC. # C-0243



Course	IMPERVIDU
L1	2097 SQ.F.
L2	98 SQ.F.T.
L3	2043 SQ.F.
L4	4238 TOTL
L5	PERCENTIAD
L6	



DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 SCALE: \_\_\_\_\_  
 JOB: \_\_\_\_\_

NAME: Confort Homes, Inc.

APPLICATION #: 38800

**\*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 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)

S-11-16  
DATE

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
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 334 Crosslink Drive, Angier Phone 919-553-3247  
Directions to job site from Lillington 401 North, right on Chalybeate Springs Rd, subdivision on right

Subdivision Crosslink Place Lot 2  
Description of Proposed Work Construction of single family home # of Bedrooms 3  
Heated SF 1611 Unheated SF 486 Finished Bonus Room? No Crawl Space yes Slab     

**General Contractor Information**

Comfort Homes Inc Building Contractor's Company Name Telephone 919-553-3247  
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 Electrical Contractor's Company Name Telephone 919-975-0599  
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 Mechanical Contractor's Company Name Telephone 919-329-0686  
343 Shipwash Dr. Garner NC 27529 Address Email Address       
18644 License #

**Plumbing Contractor Information**

Description of Work Rough in + Trimouts # Baths       
Ambit Plumbing Plumbing Contractor's Company Name Telephone 919-934-1379  
755 Rock Pillar Rd. Clayton NC 27520 Address Email Address       
20823 License #

**Insulation Contractor Information**

Tatum Insulation - 519 old Drugstore Rd. Garner Insulation Contractor's Company Name & Address Telephone 919-661-0999

\*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

Fallie 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 Fallie Wade assist Sec'y Date 5-11-16

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 463713

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) (<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) (<mailto:support@liensnc.com>)

### Project Property

Cross Link Place lot 2  
334 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: [comfrhomes@aol.com](mailto:comfrhomes@aol.com)  
Phone: 919-553-3242

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: DIOHNSON Type: CP Drawer: 1  
Date: 5/24/16 54 Receipt no: 354000

Year	Number	Amount
2015	50030000	
334 CROSS LINK DR		
RANGIER, NC 27501		
R4 BP - ENV HEALTH FEES		
NEW \$750.00		

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: 10:17:44

\*\* 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.

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Application Number . . . . . 16-50038800 Date 7/27/16  
 Property Address . . . . . 334 CROSS LINK DR  
 PARCEL NUMBER . . . . . 04-0664- - -0092- -02-  
 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 #2  
 PO BOX 369  
 CLAYTON NC 27528  
 (919) 553-3242

--- Structure Information 000 000 46X49 3 BR ATT GRG/DK UNFIN BONUS CRWL  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW  
 WATER SUPPLY COUNTY

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Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
 Additional desc . .  
 Phone Access Code . 1142777  
 Issue Date . . . . . 7/27/16 Valuation . . . . . 0  
 Expiration Date . . 7/27/17

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Special Notes and Comments  
 T/S: 05/24/2016 10:11 AM DJOHNSON --  
 CROSS LINK PLACE #2  
 \*\*\*\*\*PREMISE NO 02872538\*\*\*\*\*  
 XXX  
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
 INSULATION AND LAND USE.  
 XXX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

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\_\_\_\_\_

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 . . . . .	16-50038800	Page	2
Property Address . . . . .	334 CROSS LINK DR	Date	7/27/16
PARCEL NUMBER . . . . .	04-0664- - -0092- -02-		
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 . . . . . 1142777

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: 29244

Year	Number	Amount
2016	50038800	
334 CROSS LINK DR		
ANGIER, NC 27501		
B1	BP - PERMIT FEES	\$865.00
BLDG PERMIT		

COMFORT HOMES INC

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

Trans date: 7/27/16      Time: 13:15:26

\*\* THANK YOU FOR YOUR PAYMENT \*\*