| Initial Application Date: 7/ | 25/16 | | | | |
|--|--|--|---|---|-----------------|
| Central Permitting | | | Α | Application # 39320 | |
| Central Permitting | 00111177 | | | CI# | |
| | 108 E. Front Street, Lillington | on, NC 27546 Ph | SIDENTIAL LAND USE APP none: (910) 893-7525 ext:2 | PLICATION Fax: (910) 893-2793 www.harnett.org. | permits |
| **A RECORDED S | JRVEY MAP, RECORDED DEED (| OR OFFER TO PURCHA | SE) & SITE PLAN ARE REQUIR | RED WHEN SUBMITTING A LAND USE APPLICATIO | V** |
| ANDOWNER: Comfort | Homes, Inc. | N | Mailing Address: P O Box 3 | 369 | |
| City: Clayton | State: NC | Zip: 27528 Conta | act No: 919 553 3242 | Email: comfrthomes@aol.com | |
| | | | | | |
| City: Clayton | State: NC | Zin. 27528 Cont. | 919 553 3242 | comfrthomes@aol.com | _ |
| Please fill out applicant inform | nation if different than landowner | Zip:Conta | act No: | Email: comfrthomes@aol.com | - 12 |
| CONTACT NAME APPLY | ING IN OFFICE: Julian Stew | vart | | Phone # 919 422 1481 Lot #: 41 Lot Size: .687 a | , – |
| | Oxford Woods | 9808 | ford woods | | |
| ROPERTY LOCATION: | Subdivision: Oxford vvoods | | | Lot #: 41 Lot Size: .687 a | cre |
| State Road # | State Road Name: | 3 | | Map Book & Page: 200K / 2 | 14+ |
| Parcel: 040692 0017 36 | | PI | N: 0682-98-6969.000 | Power Company*: Duke Progress Energy | |
| | (Is the bonus room finished) # Bedrooms # Baths | d? () yes (✔) no Basement (w/w d? () yes () no | o w/ a closet? () yes (✓ | Deck: ✓ Crawl Space: ✓ Slab: Mono Slab: /) no (if yes add in with # bedrooms) Site Built Deck: On Frame Off Fractions? () yes () no | lithic |
| | | | | (site built?) Deck:(site built?) | me |
| Duplex: (Sizex |) No. Buildings: | No. Bedroo | oms Per Unit: | | |
| Duplex: (Sizex |) No. Buildings: | No. Bedroo | oms Per Unit: | (site built?) Deck:(site built?)#Employees: | |
| Duplex: (Sizex Home Occupation: # F |) No. Buildings: Rooms: Use:_ | No. Bedroo | oms Per Unit: Hours of Operation: | | |
| Duplex: (Sizex Home Occupation: # F Addition/Accessory/Of |) No. Buildings: Rooms: Use:_ her: (Sizex) Use | No. Bedroo | oms Per Unit: Hours of Operation: | #Employees: |) no |
| Duplex: (Sizex Home Occupation: # if Addition/Accessory/Of |) No. Buildings: Rooms: Use: her: (Sizex) Use | No. Bedroo | oms Per Unit: Hours of Operation: wellings using well | #Employees: Closets in addition? () yes (|) no |
| Duplex: (Sizex Home Occupation: # I Addition/Accessory/On /ater Supply: Cour ewage Supply: New | | | oms Per Unit: Hours of Operation: wellings using well ng Septic Tank (Complete C | #Employees: Closets in addition? () yes () *Must have operable water before final |) no |
| Duplex: (Sizex Home Occupation: # F Addition/Accessory/On Vater Supply: Cour Sewage Supply: Ner Does owner of this tract of | | | oms Per Unit: Hours of Operation: wellings using well ng Septic Tank (Complete Complete Complet | #Employees: Closets in addition? () yes () *Must have operable water before final Checklist) County Sewer |) no |
| □ Duplex: (Sizex |) No. Buildings: | No. Bedroo | oms Per Unit: | | |

Actual 40' Minimum 35' Front 25' 200' Rear 10' 12' Closest Side Sidestreet/corner lot_n/a n/a Nearest Building

on same lot Residential Land Use Application

| THE PROPERTY FROM LILLINGTON: | on benson road, right on Old Stage, subdiv | naion on right |
|---|--|--|
| | | |
| | = | |
| | | |
| | | |
| | | |
| | | |
| | 1145.003 | |
| e to conform to all ordinances and laws of the State of North statements are accurate and correct to the best of my know | Carolina regulating such work and the specificati ledge. Permit subject to revocation if false inform | ons of plans submitt ation is provided. |
| 94:0(d) 265 | 7/25/16 | |
| Signature of Owner or Owner's Agent | Date | |
| | e to conform to all ordinances and laws of the State of North statements are accurate and correct to the best of my know | CAT NOT H |

^{***}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: Confort Homes, Inc. | APPLICATION #: |
|---|---|
| *This application to be filled out whe | n applying for a septic system inspection.* |
| County Health Department Application for Imp | rovement Permit and/or Authorization to Construct |
| | IANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT |
| PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOM | E INVALID. The permit is valid for either 60 months or without expiration |
| depending upon documentation submitted. (Complete site plan = 60 mo | nths; Complete plat = without expiration) |
| 910-893-7525 option 1 | CONFIRMATION # |
| A. Environmental Health New Septic SystemCode 80 | 00 |

- 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

he Site Accessible So That Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

- 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.

| SEPTIC | | | | d to Central Permitting for remaining permits. | | |
|--------------------------------------|--------------------------|---|--|---|------|--|
| If applying for a | uthorizatio | | | can be ranked in order of preference, must choose one. | | |
| {}} Accepted | l | {}} Innovative | { \square Conventional | {}} Any | | |
| {}} Alternativ | ve | {} Other | | <u> </u> | | |
| The applicant sh question. If the | nall notify answer is | the local health departm "yes", applicant MUST | ent upon submittal of this a ATTACH SUPPORTING | application if any of the following apply to the property in G DOCUMENTATION: | | |
| (_)YES (_ |] NO | Does the site contain ar | ny Jurisdictional Wetlands? | unknown | | |
| (_)YES {X | S) NO | Do you plan to have an | irrigation system now or ir | the future? | | |
| 1_}YES {X |) NO | Does or will the building contain any drains? Please explain | | | | |
| I_IYES X | _) NO | Are there any existing | wells, springs, waterlines or | r Wastewater Systems on this property? | | |
| (_)YES () | 4 NO | Is any wastewater going to be generated on the site other than domestic sewage? | | | | |
| _ YES [X | NO | Is the site subject to app | proval by any other Public | Agency? | | |
| (_)YES (| Y NO | Are there any Easemen | ts or Right of Ways on this | property? | | |
| _ YES | NO | Does the site contain ar | ny existing water, cable, pho | one or underground electric lines? - only @ street of way | 1970 | |
| | | | | ate the lines. This is a free service. | P | |
| I Have Read This | s Application | on And Certify That The | Information Provided Here | in Is True, Complete And Correct. Authorized County And | | |
| State Officials Ar | re Granted | Right Of Entry To Cond | uct Necessary Inspections T | o Determine Compliance With Applicable Laws And Rules. | | |
| I I'ndenstand Th | at I Am Ca | lali: Paspansible For The | Proper Identification And I | abeling Of All Property Lines And Corners And Making | | |

10/10

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 <a href="https://example.com/level-number-of-bedrooms-building-number-of-bedro

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

Signature of Owner/Contracto Officer(s) of Corporation

Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor 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

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
PO Box 65 Lillington NC 27546
910 893 7525 Faix 910 893 2793 www.harnett.org/permits

Application for Regidential Building and Trades Permit

| 0 10 11 | |
|---|---------------------------|
| Owner's Name Combot Homes and | Date 7-20-16 |
| Site Address 98 Oxford Wards Dr Arai | ^ - |
| Directions to job site from Lillington 10C- 2100: 5:3 | ant on Renson Rd. |
| rigio: bodue; sape blo no typis | on right |
| 2 | |
| Subdivision Oxford Woods | Lot 41 |
| Description of Proposed Work Construction of Single | Comily Home 3 |
| Heated SF 1630 Unheated SF 576 Finished Bonus Room? | 10 Crawl Space W Slab |
| General Contractor Informat | ion () |
| Building Contractor's Company Name | 19-553-3343 Telephone |
| Robert 369 Claylor DC 20528 | |
| Address | Email Address |
| 33184 License # | |
| Description of Work Service Siz | tion |
| | 0 0 0 |
| Summer Field EleChic Electrical Contractor's Company Name | 919-975-0599 Telephone |
| 205 Thouses win Vol Fire Dect Rd | roophone |
| Address Selma NC | Email Address |
| 22635 | |
| License # Mechanical/ IVAC Contractor Info | ermation |
| Description of Work Rough in tringet 1 other | |
| Stechenson Heating & Air | 919-329-0686 |
| Mechanical Contractor's Company Name | Telephone |
| 343 Shipwosh Dr. Garner DC 200 | Email Address |
| 18644 | Litter Addioss |
| License # | |
| Plumbing Contractor Informa | |
| Description of Work Pough in 1 de in out | # Baths |
| Plumbing Contractor's Company Name | Telephone |
| 755 Rock Pillar Rd Claybor N.C. | |
| Address | Email Address |
| 20833 License # | |
| Insulation Contractor Informa | |
| 1 atum Insulation - 519 Old Drugh | PPR-1010-1919 DR 32 |
| Insulation Contractor's Company Name & Address Garner | |
| 27529 | { |

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 500889

Filed on: 07/20/2016

Initially filed by: ComfortHomes

Designated Lien Agent

WFG National Title Insurance Company

Online: www.liensnc.com@stg://www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@bensnc.com(mille support@binsnc.com)

Project Property

Oxford Woods lot 41 98 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

July 25, 2016

Comfort Homes, Inc. has an option to purchase Lots 36, 39, 41, and 42 in Oxford Woods Subdivision, recorded in Map Book 2008, Pages 214-215, Harnett County Register of Deeds.

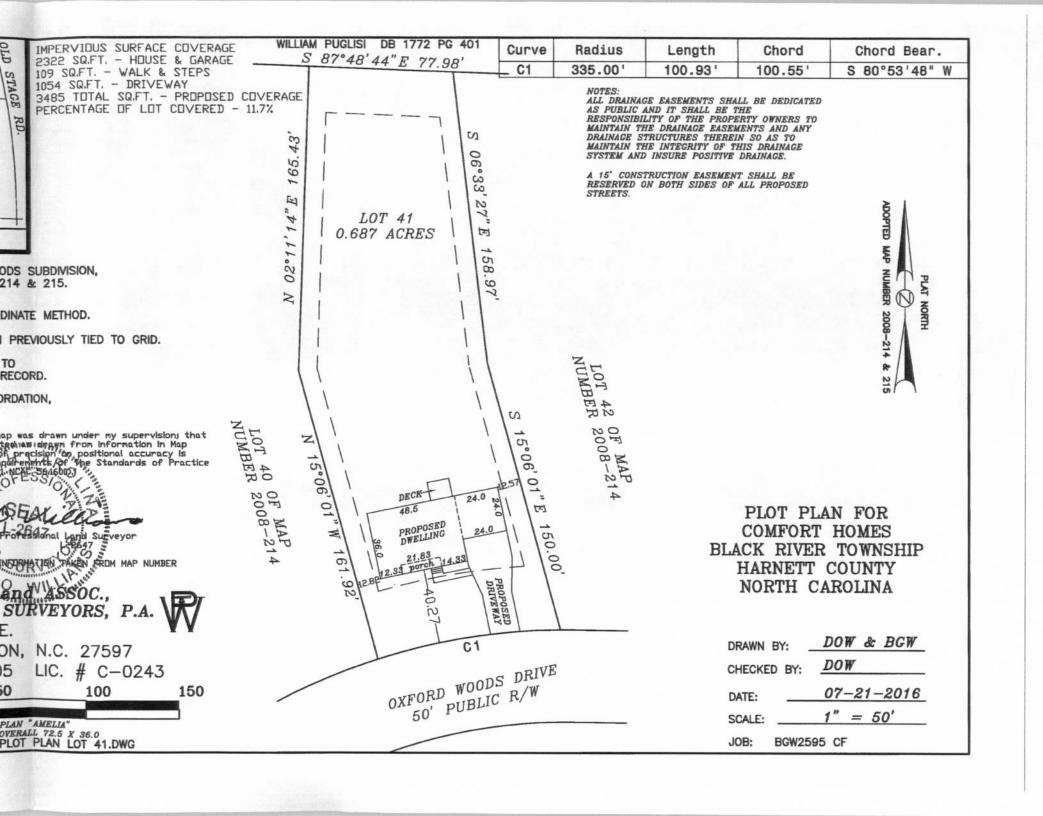
Julia Relate

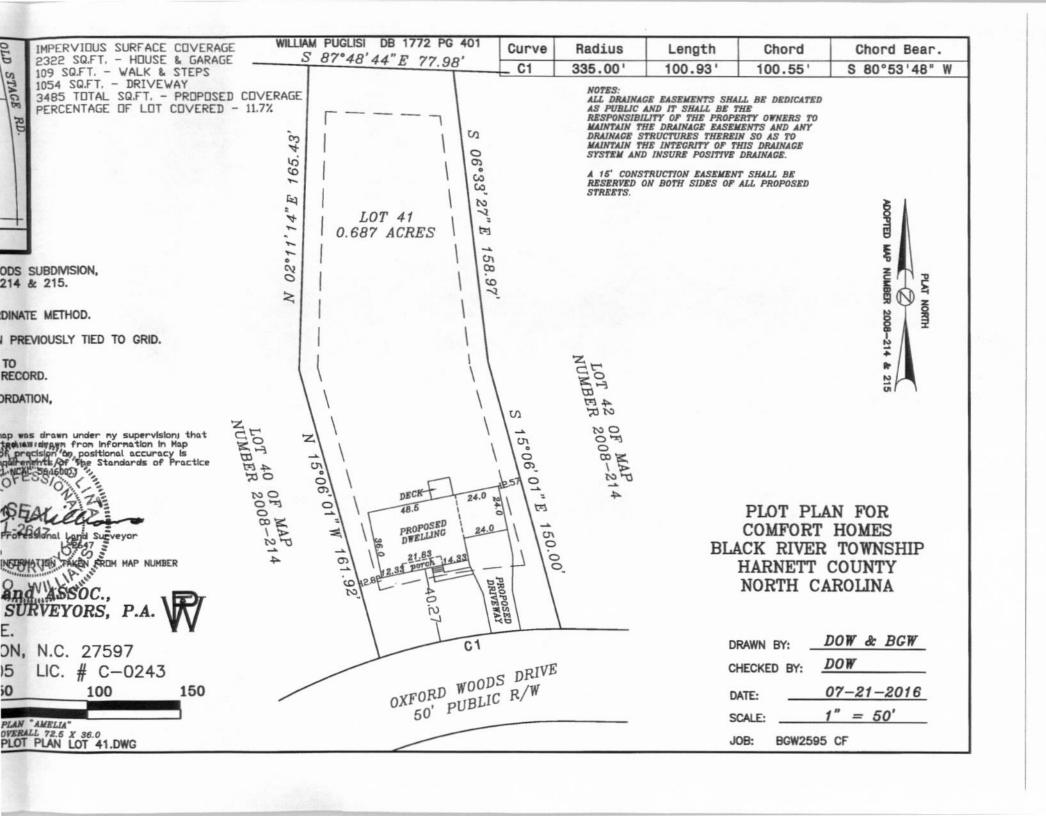
I. Patricia F. Waite, do hereby certify that Julian R. Stewart. President of Comfort Homes, Inc., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial Seal, this 25th day of July 2016.

1 al ca Shoule (Notary Public)

My commission expires 4/2/17.





HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 7/27/16 51 Receipt no: 29762

Year Number 2016 50039320 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES Amount

\$750.00

NEW TANK

COMFORT HOMES INC

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

Trans date: 7/27/16 Time: 15:32:03

** THANK YOU FOR YOUR PAYMENT **