Initial Application	Date:	7/25/16	

Nearest Building on same lot

Residential Land Use Application

Application #	39	32	
	011#	400	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting \*\*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 Contact No: 919 553 3242 comfrthomes@aol.com State: NC Zip: 27528 APPLICANT\*: Comfort Homes, Inc. \_\_ Mailing Address: P O Box 369 State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aol.com City: Clayton Phone # 919 422 1481 CONTACT NAME APPLYING IN OFFICE: Julian Stewart PROPERTY LOCATION: Subdivision: Oxford Woods Lot #: 42 Lot Size: .675 acre \_\_ Map Book & Page: 2008 /214+215 State Road Name: Parcel: 040692 0017 37 PIN: 0682-98-7949.000 \_Power Company\*: Duke Progress Energy Zoning: RA-30 Flood Zone: Watershed: IV Deed Book & Page: \*New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: SFD: (Size 55.7' x 54.7') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: ✓ Deck: ✓ Crawl Space: ✓ Slab: (Is the bonus room finished? ( ) yes ( ✓ ) no w/a closet? ( ) yes ( ✓ ) no (if yes add in with # bedrooms) 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:\_\_\_\_ Hours of Operation: #Employees: Home Occupation: # Rooms: Use: 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: Comments: Minimum 35' Front 200 Rear 10' 18' Closest Side n/a Sidestreet/corner lot

Page 1 of 2

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 of I hereby state that foregoing statements are accurate and correct to the	of the State of North Carolina regulating such work and the specifications of plans submitte the best of my knowledge. Permit subject to revocation if false information is provided.
Radel late	7/25/16
Signature of Owner or Owner's A	Agent 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: Calot blones Inc.

\*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 <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</u> 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 authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{_}} Acce		{}} Innovative {}} Conventional {} Any
{}} Alter	mative	{} Other
The applica question. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
(_)YES	{_}} NO	Does the site contain any Jurisdictional Wetlands?
YES	NO (X)	Do you plan to have an <u>irrigation system</u> now or in the future?
YES	(X) NO	Does or will the building contain any drains? Please explain.
NES	1X NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
\_}YES	ON K	Is any wastewater going to be generated on the site other than domestic sewage?
YES	(X) NO	Is the site subject to approval by any other Public Agency?
\_}YES	ON (L)	Are there any Easements or Right of Ways on this property?
	NO	Does the site contain any existing water, cable, phone or underground electric lines? - only & street ria
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (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 Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fai: 910 893 2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name Combot Homes Inc	Date 7-20-16
0	
0.0 - ' '	Siet Phone 919-553-3242
Directions to job site from Lillington 10C- 2100: 5:0	off ou Renzou Sq.
Light ou old Habe; impairision	on right
Subdivision Oxford Woods	Lot 42
Description of Proposed Work Construction of Single	family # of Bedrooms 3
Heated SF 1600 Unheated SF 584 Finished Bonus Room?	NO Crawl Space WWS Slab
General Contractor Informati	on
Couper, power per	919-253-3249
Building Contractor's Company Name	Telephone
Solar 300 Clark OC 3028	
Address 33184	Email Address
License #	
	tion
Description of Work Service Size	^ ^ ^
Summer field Electric	919-975-0599
Electrical Contractor's Company Name	Telephone
105 Thanksaining Vol Fire Dech Ka	FILL
Address Selma NC	Email Address
23635 License #	
Mechanical//IVAC Contractor Info	rmation
Description of Work Rough in timent 1 other	noitalitas
Stephenson Bealing & Air	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwoch Dr. Garner DC 200	963
Address	Email Address
18644	
License # Plumbing Contractor Informa	tion
Description of Work Pouch in & dein out	# Baths
0:71;3	919-934-1379
Plumbing Contractor's Company Name	Telephone
755 Rock Pillar Rd Clauban N.	Total Inc.
Address	Email Address
20823	90
License #	
Insulation Contractor Informa	
1 atum Insulation - 519 Old Drugh	xe Rd 919-661-8999
Insulation Contractor's Company Name & Add ess Garner	
27529	

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://py.signing.below!have.obtained.all.subcontractors.permission to obtain these permits">hermitsion to obtain these permits</a> and if <a href="mailto:any.obtained.all.subcontractors.permission to obtain these permits">hermitsion to obtain these permits</a> and if <a href="mailto:any.obtained.all.subcontractors.permission to obtain these permits">hermitsion to obtain these permits</a> and if <a href="mailto:any.obtained.all.subcontractors.permission to obtain these permits">hermitsion to obtain these permits</a> and if <a href="mailto:any.obtained.all.subcontractors.permission">any.obtained.all.subcontractors</a> 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

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 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 Comfort Homes In
Sign W/Title Palice White aust being Date 2-25-16

#### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 500931

Filed on: 07/20/2016

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@hensnc.com(milto support@liensne.com)

#### **Project Property**

Oxford Woods lot 42 80 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:

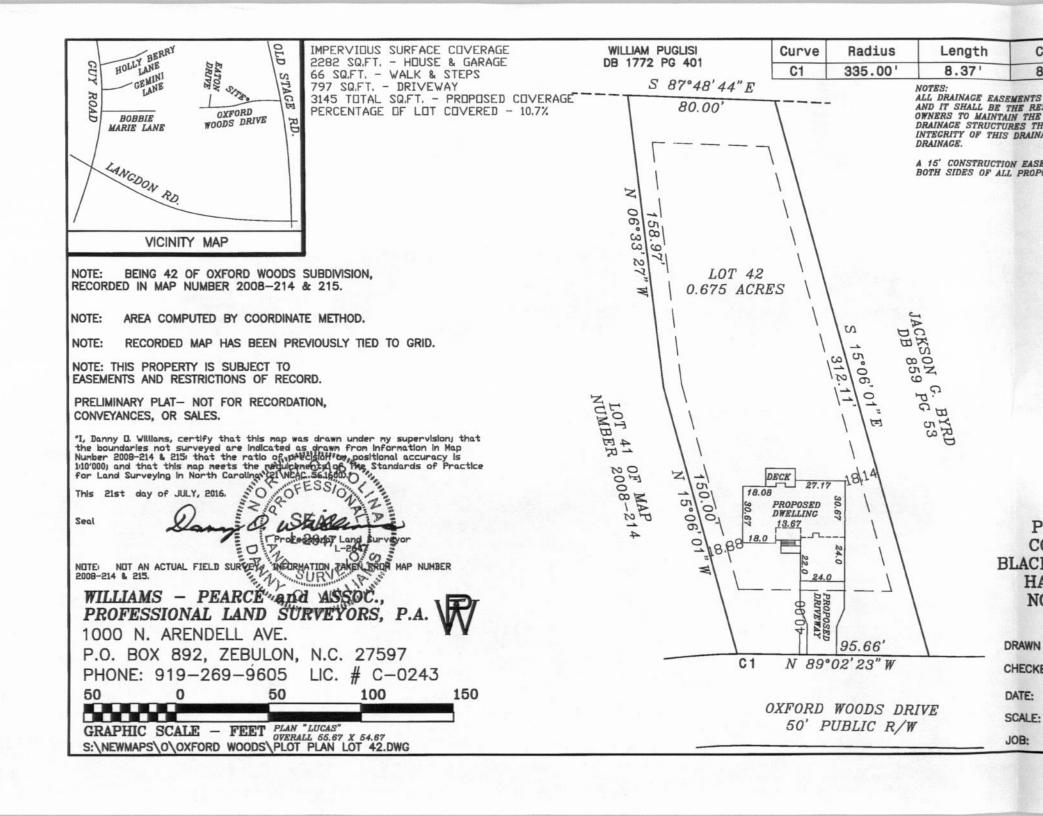
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

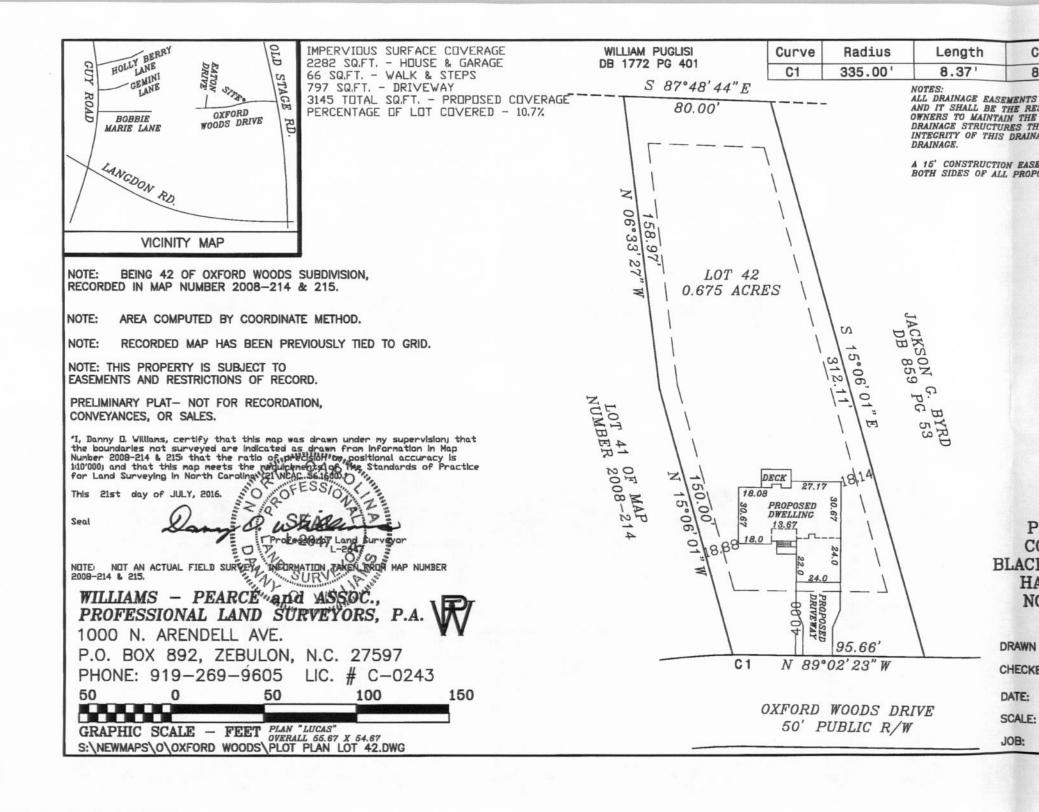
#### Owner Information

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 Relater

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.

Carlotary Pub

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: 29768

Year Number 2016 50039321 Amount 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES

\$750.00

NEW TANK

COMFORT HOMES INC

Tender detail CK CHECK PAYMEN Total tendered Total payment \$750.00 \$750.00 35994 \$750.00

Trans date: 7/27/16 Time: 15:44:28

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