

Initial Application Date: 10/3/16

Application # 1750040663  
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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. James Johnson Mailing Address: P.O. Box 369 PO Box 310  
City: Clayton Angier State: NC Zip: 27528 Contact No: 910-553-3242 Email: comfithomes@aol.com  
27505

APPLICANT\*: Comfort Homes, Inc. Mailing Address: P O Box 369  
City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfithomes@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 #: 11 Lot Size: 58 576 acfe  
State Road # 1441 State Road Name: Chalybeate Springs Road / 494 Cross Link Cabinet F: Sides 449A-449C  
Parcel: 040664 0092 11 PIN: 0664-60-8431.000  
Map Book & Page:

Zoning: RA-30 Flood Zone: Watershed: IV Deed Book & Page: 1141, 694 Power Company\*: Duke Progress Energy  
RA-20M

\*New structures with Progress Energy as service provider need to supply premise number 44529296 from Progress Energy.

PROPOSED USE:

- SFD: (Size 64' x 46') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage:  Deck:  Crawl Space:  Slab:  Slab:  Monolithic  
(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'	45'
Rear	25'	154'
Closest Side	10'	18'
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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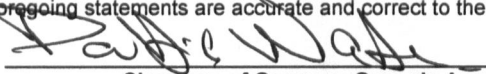
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If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

10/3/16  
\_\_\_\_\_  
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: Comfort Homes, Inc

APPLICATION #: 40663

\*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 # 020407-LB

**Environmental Health New Septic System** Code 800

2-1-17

- **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.

Tape White  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9-27-16  
DATE



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09/09/11

Application #

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 9-27-11  
Site Address 494 Crosslink Drive Angier 27501 Phone 919-553-3242  
Directions to job site from Lillington 417 North Right on Chalybeate Springs Rd; subdivision on right

Subdivision Crosslink Place Lot 11  
Description of Proposed Work Construction of single family home # of Bedrooms 3  
Heated SF 2148 Unheated SF 526 Finished Bonus Room? no Crawl Space yes Slab \_\_\_\_\_

**General Contractor Information**

Comfort Homes Inc 919-553-3242  
Building Contractor's Company Name Telephone  
PO Box 209, Clayton NC 27528 comfthomes@aol.com  
Address Email Address  
33184  
License #

**Electrical Contractor Information**

Description of Work Rough in + trim out Service Size 200 Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Summerfield Electric 919-975-0599  
Electrical Contractor's Company Name Telephone  
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 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Dr. Garner NC 27529  
Address Email Address  
18644  
License #

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

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

\*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

Rallie White  
Signature of Owner/Contractor/Officer(s) of Corporation

9-27-16  
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 Rallie White assist Sec'y Date 9-27-16

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 539612

Filed on: 10/04/2016

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 11  
494 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](mailto:comfrthomes@aol.com)

Phone: 919-553-3242

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

Technical Support Hotline: (888) 690-7384