

Initial Application Date: 10/3/16

Application # 1750040604  
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.~~ Edward Tunlington Mailing Address: P O Box 369 1027  
City: Clayton Dunn 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 #: 12 Lot Size: .58 acre  
State Road # 1441 State Road Name: Chalybeate Springs Road / 514 Cross Link Cabinet F; Slides 449A-449C  
Parcel: 040664 0092 12 PIN: 0664-60-8332.000

Zoning: RA-30 Flood Zone: - Watershed: IV Deed Book & Page: 1237, 298 Power Company\*: Duke Progress Energy  
RA-20M  
\*New structures with Progress Energy as service provider need to supply premise number 42364182 from Progress Energy.

PROPOSED USE:

- SFD: (Size 69' x 50') # 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:	Comments:
Front Minimum 35' Actual 45'	
Rear 25' 150'	
Closest Side 10' 15'	
Sidestreet/corner lot n/a	
Nearest Building on same lot n/a	

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

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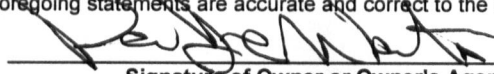
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If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my 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 Home, Inc

APPLICATION #: 40664

\*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 # 020409-2-1-17

**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. LB
- 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 \_\_\_\_\_

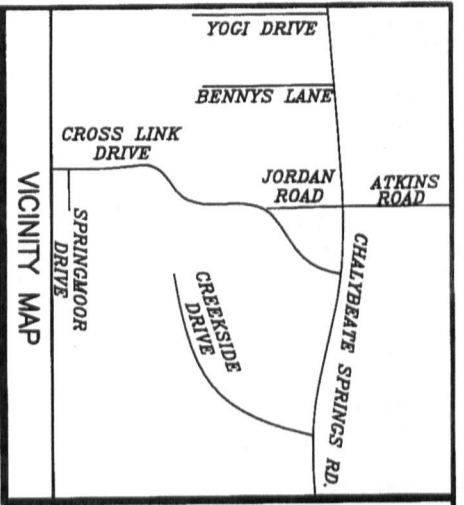
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- 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.

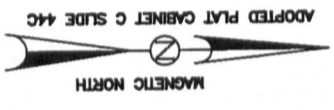
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible 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)

9-27-16  
DATE



IMPERVIOUS SURFACE COVERAGE  
 2385 SQ.FT. - HOUSE & GARAGE  
 132 SQ.FT. - WALK & STEPS  
 871 SQ.FT. - DRIVEWAY  
 3388 TOTAL SQ.FT. - PROPOSED COVERAGE  
 PERCENTAGE OF LOT COVERED - 13.5%



NOTE: BEING LOT 12 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.

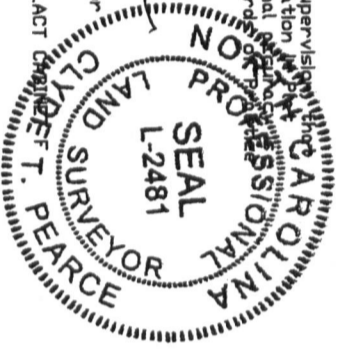
PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES, OR SALES.

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

This 28TH day of SEPTEMBER, 2016.

Seal

Professional Land Surveyor  
 L-2481



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

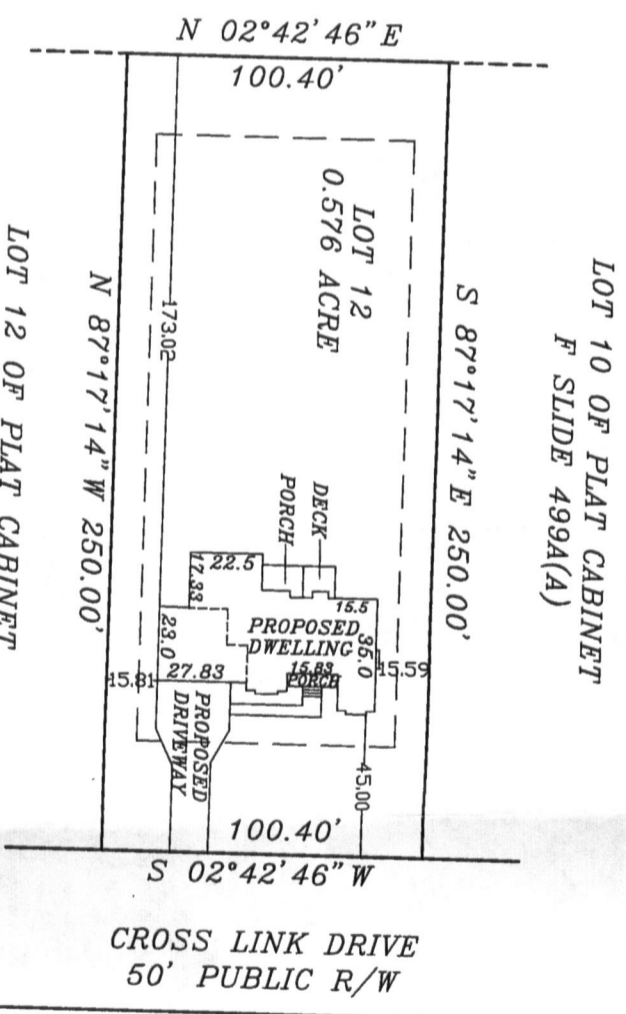
**WILLIAMS - PEARCE and ASSOC.,**  
**PROFESSIONAL LAND SURVEYORS, P.A.**

1000 N. ARENDELL AVE.

P.O. BOX 892, ZEBULON, N.C. 27597

PHONE: 919-269-9605 LIC. # C-0243

LOT PLAN FOR  
 COMFORT HOMES  
 BLACK RIVER TOWNSHIP  
 HARNETT COUNTY  
 NORTH CAROLINA



GRAPHIC SCALE - FEET RAY (OVERALL 69.0 X 49.33)  
 S:\NEWMAPS\C\CROSS LINE PLACE\LOT PLAN LOT 12.DWG

DRAWN BY: CTP & BCW

CHECKED BY: CTP

DATE: 09-28-2016

SCALE: 1" = 60'

JOB: BGN2622 CF

Ray

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 9-27-16  
Site Address 514 Cross Link Drive Angier 27501 Phone 919-553-3242  
Directions to job site from Lillington 417 North right on Chalybeate Springs Rd, subdivision on right

Subdivision Cross Link Place Lot 12  
Description of Proposed Work Construction of single family home # of Bedrooms 3  
Heated SF 1638 Unheated SF 540 Finished Bonus Room? No Crawl Space yes Slab \_\_\_\_\_

**General Contractor Information**

Comfort Homes Inc Telephone 919-553-3242  
Building Contractor's Company Name  
PO Box 309, Clayton NC 27528 Email Address comforthomes@aol.com  
Address 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 Vol Fire Dep. Rd. Selma NC Email Address \_\_\_\_\_  
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 Email Address \_\_\_\_\_  
Address 18644  
License # \_\_\_\_\_

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

Tatum Insulation - 519 old Drug Store Pl. 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

Rallie Waite  
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 Waite assist Secy Date 9-27-16

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 539613

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 12  
514 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