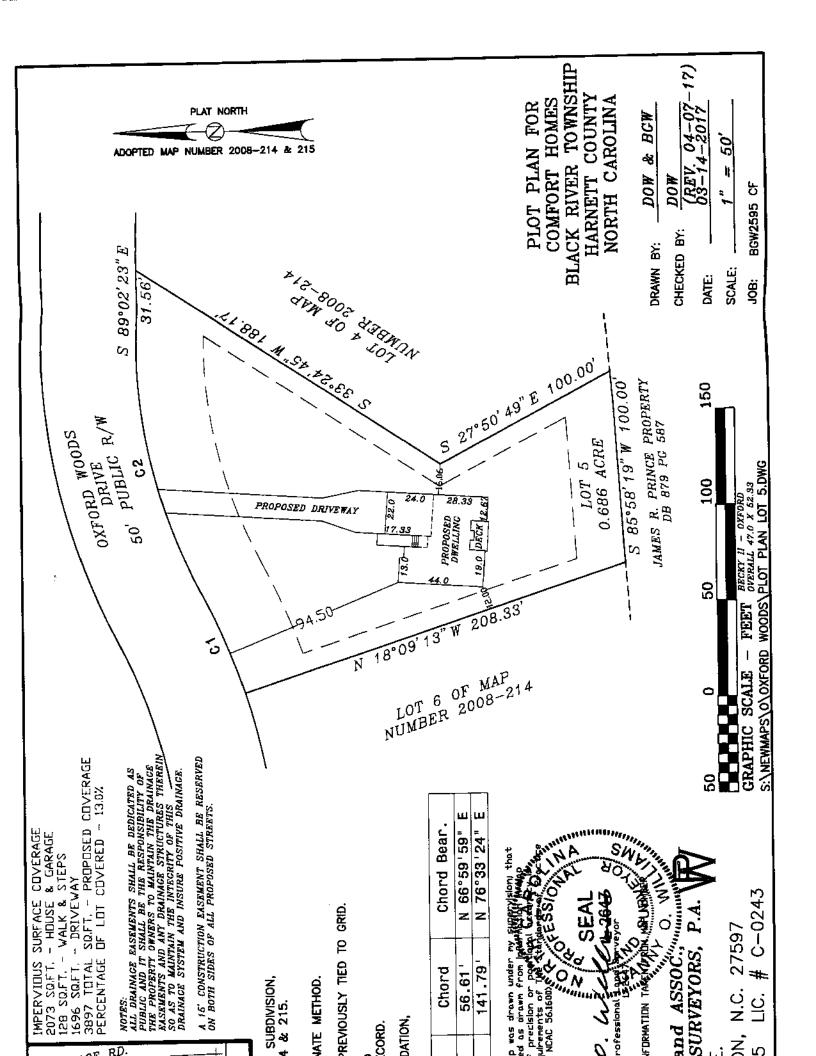
nitial Application Date:	2011	Арріі	ication#_1750041198
ľ	COUNTY OF HARNET	T RESIDENTIAL LAND USE APPLK	CU#
Central Permitting 10	DB E. Front Street Lillington, NC 27546	Phone: (910) 893-7525 ext:2 URCHASE) & SITE PLAN ARE REQUIRED	WHEN SUBMITTING A LAND USE APPLICATION**
City: Clayton	State: NC Zip: 27528	_ Contact No: 919 553 3242	Email: comfrthomes@aol.com
APPLICANT*: Comfort Hom	es, Inc Mailing A	ddress: P O Box 369	
City: Clayton	State: NC Zip: 27528	_ Contact No: 919 553 3242	Email: comfrthomes@aol.com
	IN OFFICE: Julian Stewart		hone # 919 422 1481
PROPERTY LOCATION: Sub	Oxford Woods		Lot #: 5 Lot Size: 686 acre
State Road # 1006	State Road Name:State Road Name:	0682-98-6666.000	Map Book & Page 2008 214
Parcel: 040692 0017 15	e X Watershed IV Deed	Book & Page 24(& / 352	Power Company*: Duke Progress Energy
*New structures with Progress	s Energy as service provider need to su	pply premise number 08062410	from Progress Energy.
☐ Manufactured Home:	(Is the second floor finished? () yesSWDWTW (Sizex_	() no Any other site built additio	_(site built?) Deck:(site built?)
) No. Buildings:N		#Employees:
☐ Addition/Accessory/Othe	er: (Sizex) Use:		Closets in addition? () yes () no
., - —			_) *Must have operable water before final
	Septic Tank (Complete Checklist)		
			00') of tract listed above? () yes (\(\frac{\lambda}{\lambda}\)) no
	y easements whether underground or o sed): Single family dwellings: proposed		Other (specify):
Required Residential Prop	04.5'	ents:	
25'	Actual		
Rear Closest Side 10'	12'		
Closest Side			
n/a			
Nearest Building	_		

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	NC 210 N; right on Benson	Road; right on Old Stage; subdivision on right
		<u> </u>
	-	
If permits are granted I agree to conform to all ordinances and laws of I hereby statesthat foregoing statements are assurate and correct to the	f the State of North Carolina reg he best of my knowledge. Pem	gulating such work and the specifications of plans submit hit subject to revocation if false information is provided.
+ CHILL CL	,	3/29/17
Signature of Owner or Owner's A	gent	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: Condet tomos. 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 INVAL!D. 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 CONFIRMATIO

Environmental Health New Septic SystemCode 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 confirmation number given at end of recording for proof of request.</u>
- 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 authorizat	ion 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 question. If the answer i	the local health department upon submittal of this application if any of the following apply to the property in supersy, applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
()YES {} NO	Does the site contain any Jurisdictional Wetlands?		
(_)YES {\(\frac{1}{2}\)} NO	Do you plan to have an <u>irrigation system</u> now or in the future?		
$\{\bot\}$ YES $\{X\}$ NO	Does or will the building contain any drains? Please explain.		
$\{_\}$ YES $\{\underline{X}\}$ NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
_}YES X NO	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 { NO	Are there any Easements or Right of Ways on this property?		
_ YES HO	Does the site contain any existing water, cable, phone or underground electric lines? - Only & Street ci		
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.		
I Have Read This Applicat	ion And Certify That The Information Provided Hersin Is True, Complete And Correct. Authorized County And		
State Officials Are Grantee	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.		
I Understand That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making		
The Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.		
+9000M	339-17		
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE		

Comfort Homes, Inc. has an option to purchase Lots 5, 6, 7, and 40 in Oxford Woods Subdivision, recorded in Map Book 2008, Pages 214-215, Harnett County Register of Deeds.

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 29th day of March 2017.

(Notary Public)

My commission expires 4/2/17.

Juli Islan

Each section below to be filled out by whomever performing work. Must be owner or iconsed contractor. Address company name & phone must match. Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Filix 910 893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

			
Owner & Name Count Source and	Date 3-39-17		
Site Address 109 Oxford Woods Drive And	Phone 919-553-3242		
	It on Benson Rd.		
right on Old Stage: Subdivision	on right		
2	Cr. 1 roger		
Subdivision Oxford Woods	Lot 5		
Description of Proposed Work Construction of Single!			
Heated SF \505 Unheated SF 50) Finished Bonus Floom?	Crawl Space Clab		
General Contractor Informatio	11 Sign Space Sign Sign		
Courtes pouch pur	919-553-3242		
Building Contractor's Company Name	Telephone		
Society Sold Claren DC 90298	Confet homes @ 201 con		
33184	Email Address		
License #			
Electrical Contractor Information	<u> </u>		
Description of Works Salvice Size	^ ^ ^		
Electrical Contractor's Company Name	919-975-0599 Telephone		
12 trad soil 100 price posterof 200	relephone		
Address Solma NOC	Email Address		
26266			
License # <u>Mechanical/HVAC Contractor Inform</u>			
Description of Work Rough in Jem at 1 other o			
Stations of Age to the Control of th	0 0		
Mochanical Contractor's Company Name	719 - 329 - 066 - Telephone		
343 Shipwoch Dr. Garner DC 275	29		
Address	Email Address		
18644			
License # Plumbing Contractor Information			
Description of Work Touch in 1 15:10 Out	# Baths		
Antit Dunbing	919-934-1379		
Plumbing Contractor's Company Name	Telephone		
255 Roce Piller Rd Claubary			
Address	©Email Address		
<u>80892</u>	~		
License # Insulation Contractor Information			
1 abrum Incelsion - 510 the Da dec			
Insulation Contractor's Company Name & Address Garner	Telephone		
275,29	•		
- 1301			

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

Falle Wate	3.29.10
Signature of Owner/Contracto Officer(s) of Corporation	Date

Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the		
General Contractor Owner Owner Owner		
Do hereby confirm under penalties of penalty 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 Contest Hones In		
Sign w/Title Lable Waite and back Date 3-29-17		

1 2 7

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 626904

Filed on: 03/28/2017

Initially filed by: ComfortHomes

Designated Lien Agent

WFG National Title Insurance Company

Online: www.lichsnc.com/http://www.aminc.com/

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (male.apport@liensn.com)

Project Property

Oxford Woods lot 5 109 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

Plan Box #	AAU	Date Job Name	Cornfort Hun
App #	198	Valuation 144480	SQ Feet 1505 Garage 527 = 2132
Inspections fo			
Crawl	Slab	Mono	Basement
Footing Foundation Address Open Floor Rough in Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough in Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
Foundation Sur		Envir. Health	Other
Additions / Other Footing Foundation Slab Mono Open Floor Rough In nsulation	_		
inal			