Initial Application Date	7	20	L17

Application #_	<u>1750041201</u>
	CU#

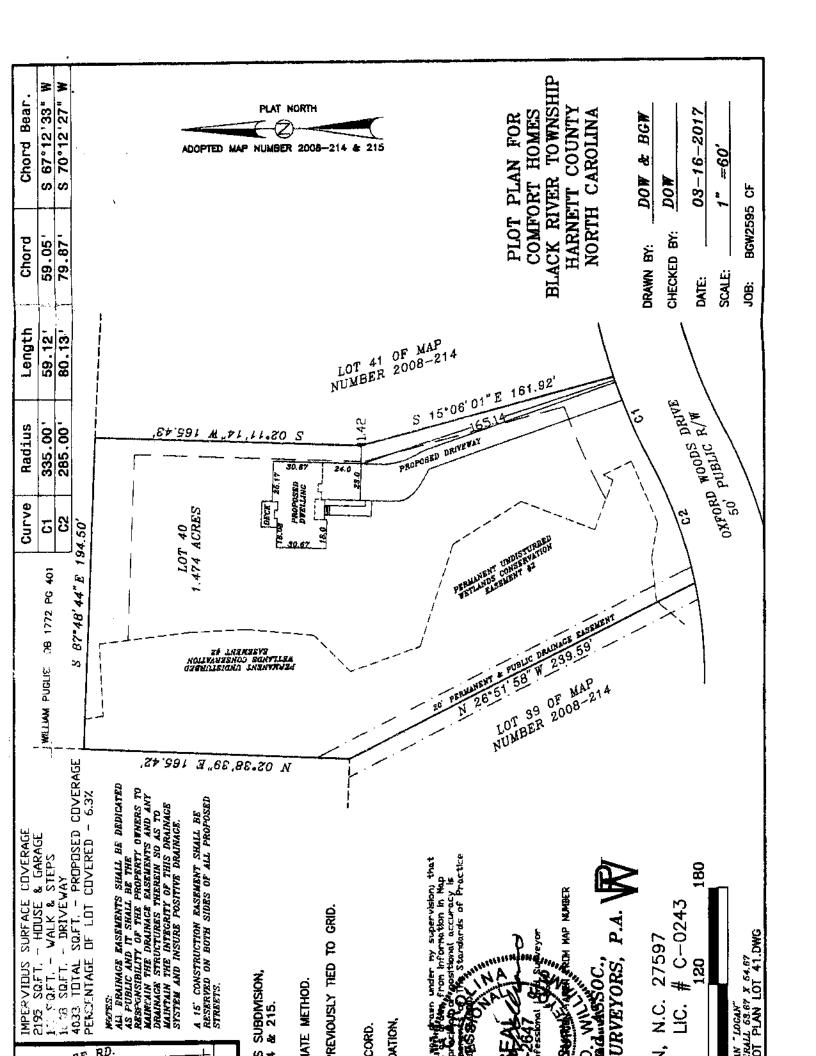
Comfort Homes Inc	DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE RI	EQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
Chartes Control Fibries, III.	Mailing Address: P O E	BOX 369
City: Clayton State:	NC Zip: 27528 Contact No: 919 553 324	Email: comfrthomes@aol.com
APPLICANT*: Comfort Homes, Inc.	Mailing Address: P O Box 369	
City: Clayton State:	Mailing Address: P 0 Box 389 NC Zip: 27528 Contact No: 919 553 324	2email: comfrthomes@aol.com
	n Stewart	
PROPERTY LOCATION: Subdivision: Oxford W	voods	Lot #: 40 Lot Size: 1.47 acre
State Road # State Road Nam	ne: Old Stage Road N	Map Book & Page: 2008, 214
arcel:040692 0017 35	PIN: 0682-98-5916.00	00
oning: Watersh	hed: IV Deed Book & Page: OH 68 / 3	Power Company*: Duke Progress Energy
New structures with Progress Energy as service	provider need to supply premise number 561376	846 from Progress Energy.
PROPOSED USE:		
	2	Monolithic
4 SFD: (Size x) # Redrooms 4	# Baths: A Basement(w/wo hath): Garage:	
// Dodrodnjo	Said In Control of the Control of th	✓ Deck: ✓ Crawl Space: ✓ Slab: Monolithic Slab:
(Is the bonus room t	finished? () yes (✓) no w/ a closet? () yes	▼ Deck: ▼ Crawl Space: ▼ Slab: Slab
(Is the bonus room t	finished? () yes (▼_) no_w/ a closet? () yes	s (<u>✔</u>) no (if yes add in with # bedrooms)
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on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	NC 210 N; right on Bense	on Road; right on Old Sta	ige; subdivision on right
		<u> </u>	
			···
			
			<u></u>
			<u> </u>
f permits are granted I agree to conform to all ordinances and laws of	f the State of North Carolina r	Poulating such work and the	connifications of along a the Hard
usion a state rust tous dought state use are accrusts and collect to the	ne best of my knowledge. Per	mit subject to revocation if f	alse information is provided.
tallewalle	<u> </u>	3/29/17	
Signature of Owner or Owner's Ag	ent	Date	

This application expires 6 months from the initial date if permits have not been issued

^{***}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.***



NAME: Comost Homes, Inc. APPLICATION#:

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. Please note confirmation number given at end of recording for proof of reguest.
- 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.

If applying for authorizat	ion to construct please indicate desired s	ystem type(s : ca	n be ranked in order of prefer	rence, must choose one	
{}} Accepted	() Innovative	wentional	() Any	ener man envoice one.	
{}} Alternative	[] Other	·	_		
The applicant shall notify question. If the answer is	the local health department upon substitutes", applicant MUST ATTACH S	mittal of this app UPPORTING L	lication if any of the follows OCUMENTATION:	ing apply to the property in	
{}}YES	Does the site contain any Jurisdiction	nal Wetlands? 🔪	nsonsm		
_ YES X NO	Do you plan to have an irrigation sys				
	Does or will the building contain any				
$\{_\}$ NO	Are there any existing wells, springs,				
LIYES X NO	Is any wastewater going to be genera			1 2 -	
1_1YES (X) NO	Is the site subject to approval by any		-		
XIYES [_] NO	Are there any Easements or Right of		·	•	
_)YES NO	Does the site contain any existing wa			es?-Only@Street rio	B
	If yes please call No Cuts at 800-632	2-4949 to locate t	he lines. This is a free servi	ice.	7
l Have Read This Applicati	on And Certify That The Information P				
	Right Of Entry To Conduct Necessary				
Understand That I Am So	lely Responsible For The Proper Identif	ication And Labe			
The Site Accessible So Than	Complete Site Evaluation Can Be Per	rformed.		3-28-17	

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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.

fil litter

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 Residential Building and Trades Permit

	S IT OR BY LOLD II
Owner's Name Consold Down	2 20 -
Site Address 118 Oxford Woods I Fax:	Date 5.04.11)
Directions to job site from Lillington	7.7 222 2849
right on Old Space: Subdivision	of you genson & 4.
3136 3000.00	on right
Subdivision Oxford Winds	
Description of Proposed Work Construction of Single	Cal home
Heated SF 1549 Unheated SF 560 Finished Bonus Floom?	# of Bedrooms
General Contractor Informat	on Space Slab
POURDE FOUR THE	919-553-3242
Building Contractor's Company Name	Telephone
Address Soy Joseph D 3/528	
33184	Email Address
License #	
Description of Work The Service Servic	ion
35.7150 5120	Amps T-PoleYesNo
Electrical Contractor's Company Name	414-475-0599
60 to Land soil soil soll 200	Telephone
Address	
99892 Semano	Email Address
Closuse # 37:576	
Machanical/HVAC Contractor Infor	mation
Description of Work Lough in time at 1 other "	entiletion
Stephenson Healing & Hir	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwosh Dr. Garner 200	96
Address \\&\c\u00e4\u00e4	Email Address
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Could in 1 trim out	# Baths
Harbit Dunloin	919-934-1379
Plumbing Contractor's Company Name	Telephone
155 Rock Pillar Rd Claybury	, s.op., o.o.
Address	DEmail Address
<u>acsa., </u>	0
License #	
Taken Laulain Signature Contractor Information	50 C C C C C C C C C C C C C C C C C C C
Insulation Contractor's Company Name & Address Garner BC	
	Telephone
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 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee

Belledule	··-· - / • • · · · · ·
Signature of Owner/Contracto Officer(s) of Corporation	3-2R-17
A.E. June 1	

	Affidavit for Worker's Compensation N C G S 87-14
	1 - 1, 1
	General Contractor Owner Owner Officer/Agent of the Contractor or Owner
i	Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
	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
	Company or Name Content Hones In
5	Sign w/Title Lable Work aust buc'y Date 3-20-17

147

PIUT F

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 626910

Filed on: 03/28/2017

Initially filed by: ComfortHomes

Designated Lien Agent

WFG National Title Insurance Company

Online: www.tiensnc.com/map_www.tienes.com/

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

27601

Phone: 888-690-7384

Fat: 913-489-5231

Email: support@liensne.com/math/support/thems.com

Project Property

Oxford Woods lot 40 118 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: comfithomes@aol.com

Phone: 919-553-3242

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box #	PP4_	Date Job Nan	4/20117 re Confort Home
App #	<u> 201</u>	Valuation #14870	4 SQ Feet 1549 Garage 560 = 2109
Inspections for	SFD/SFA		
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 Surv Additions / Other Footing Foundation Slab	<u>r</u>	ovir. Health	Other
Open Floor			
ough In			
inal			