

Initial Application Date: 7-6-17

7/5/17

OWNER - Edward Juk (Wigton)
PO BOX 1027
DEWITT NC 28335

Application #

1750041794

CU#

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****

OWNER

LANDOWNER: Comfort Homes, Inc.

Mailing Address: P O Box 369

City: Clayton

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 #: 45

Lot Size: .58 acre

State Road # 1441

State Road Name: Chalybeate Springs Road

Map Book & Page: F 1499A(A)

Parcel: 040664 0092 17

PIN: 0664-70-1331.000

Zoning: RA-30

Flood Zone: X

Watershed: IV

Deed Book & Page: 1237, 298

Power Company*: Duke Progress Energy

*New structures with Progress Energy as service provider need to supply premise number 41436440 from Progress Energy.

PROPOSED USE:

515 CROSS LINK DR

SFD: (Size 72.5' x 36') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Monolithic Slab: _____
(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 40'

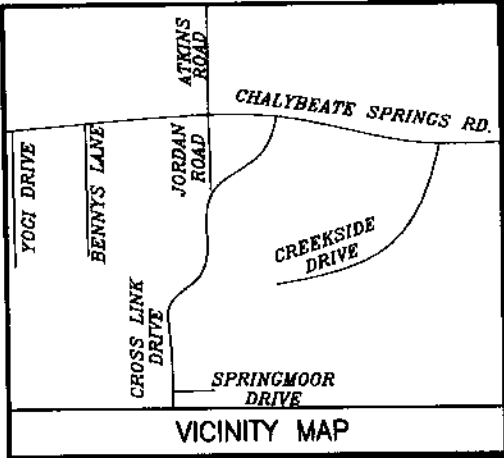
Rear 25' 163'

Closest Side 10' 14'

Sidestreet/corner lot n/a

Nearest Building on same lot n/a

PLC
COM
BLACK
HAR
NO



IMPERVIOUS SURFACE COVERAGE
2322 SQ.FT. - HOUSE & GARAGE
104 SQ.FT. - WALK & STEPS
879 SQ.FT. - DRIVEWAY
3305 TOTAL SQ.FT. - PROPOSED COVERAGE
PERCENTAGE OF LOT COVERED - 13.1%



NOTE: BEING LOT 45 OF CROSS LINK PLACE AS RECORDED IN PLAT CABINET F SLIDES 449A-449C.

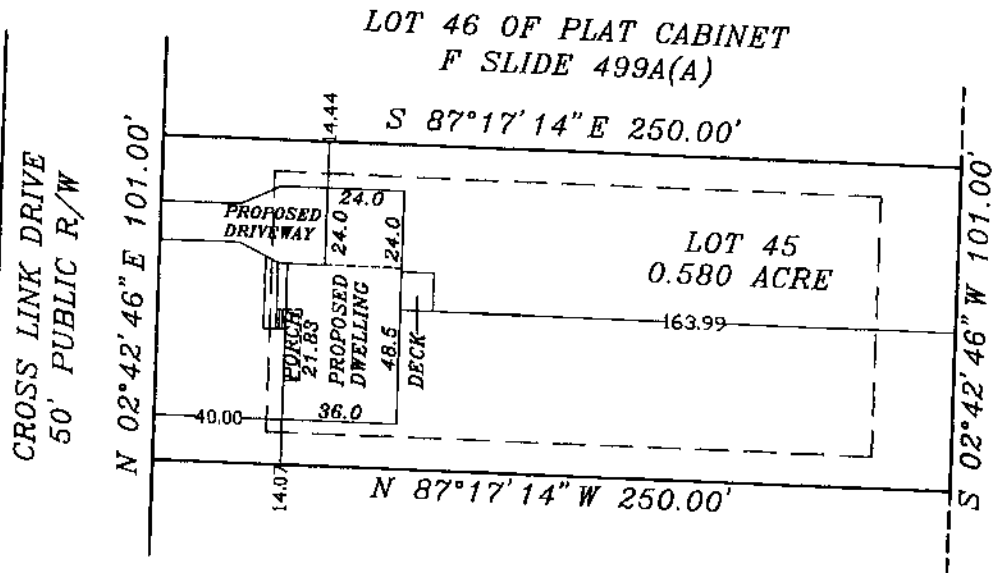
NOTE: AREA COMPUTED BY COORDINATE METHOD.

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.

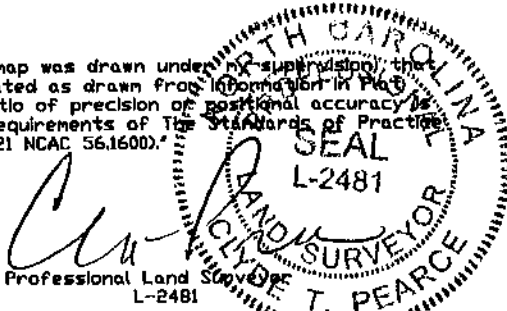
PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCES, OR SALES.



"I, CLYDE T. PEARCE, certify that this map was drawn under my supervision, that the boundaries not surveyed are indicated as drawn from information in Plat Cabinet F Slide 449A-449C; that the ratio of precision of positional accuracy is 1/100,000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)."

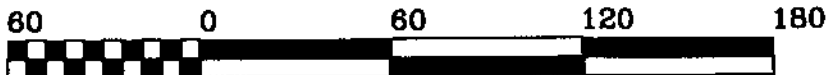
This 23RD day of JUNE, 2017

Seal



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



GRAPHIC SCALE - FEET AMELIA (OVERALL 72.5 X 36.0)
S:\NEWMAPS\C\CROSS LINE PLACE\PLOT PLAN LOT 45.DWG

NAME: Comfort Homes, Inc. APPLICATION #: 41794

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 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.

Pattie Wade
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-3-12
 DATE

July 5, 2017

Comfort Homes, Inc. has an option to purchase Lots 44, and 45 in Cross Link Place Subdivision, recorded in Plat Cabinet F, Slides 499A(A) – 499A(C), Harnett County Register of Deeds.

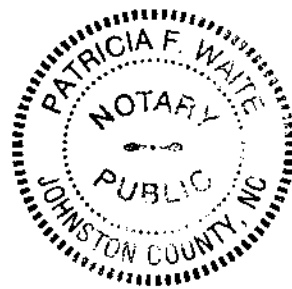
 (Seal)

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 5th day of July 2017.

 (Notary Public)

My commission expires 4/2/22.



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 681127

Filed on: 07/05/2017

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@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Cross Link Place lot 45
515 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: comfrhomes@aol.com
Phone: 919-553-3242

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

Technical Support Hotline: (888) 690-7384

09/09/11

Application #

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7625 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 Combat Homes Inc Date 2-3-17
Site Address 515 Cross Link Drive, Angier Phone 919-553-3242
Directions to job site from Lillington 4.01 North, right on Chalabybeate Springs Rd, subdivision on right

Subdivision Cross Link Place Lot 45
Description of Proposed Work Construction of single family home # of Bedrooms 3
Heated SF 1637 Unheated SF 576 Finished Bonus Room? No Crawl Space Slab

General Contractor Information

Combat Homes Inc Telephone 919-553-3242
Building Contractor's Company Name
PO Box 309, Clayton NC 27528 Email Address CombatHomes@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 Val. 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 30823
License #

Insulation Contractor Information

Tatum Insulation - 519 old Dixie Rd. 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

7-3-17
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 Sec'y Date 7-3-17

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: DJOHNSON Type: CP Drawer: 1
Date: 7/07/17 54 Receipt no: 9514

Year	Number	Amount
2017	50041794	
S15 CROSS LINK DR		
ANGIER, NC 27501		
R4	BP - ENV HEALTH FEES	\$1500.00

NEW

COMFORT HOMES INC

Tender detail		
CK CHECK PAYMEN	37542	\$1500.00
Total tendered		\$1500.00
Total payment		\$1500.00

Trans date: 7/07/17 Time: 14:37:45

** THANK YOU FOR YOUR PAYMENT **