			185	MU2111
Initial Application Date. 3	<u>8118</u>	A	pplication # $1850$	<u></u>
Central Permitting 108 E.	COUNTY OF HAR Front Street, Lillington, NC 23	RNETT RESIDENTIAL LAND USE APP 7546 Phone: (910) 893-7525 ext:2	CU# PLICATION Fax: (910) 893-2793	www.hamett.org/permits
**A RECORDED SURVEY MA	P, RECORDED DEED (OR OFFER	TO PURCHASE) & SITE PLAN ARE REQUIR	ED WHEN SUBMITTING A LAI	ND USE APPLICATION**
LANDOWNER, Comfort Homes, I	Inc.	Mailing Address: P O Box 3	69	
City: Clayton	State: NC Zip: 275	Mailing Address: <u>P O Box 3</u> 528 Contact No: <u>919 553 3242</u>	Email: comfrthom	es@aol.com
APPLICANT*: Comfort Homes, If	nc. Maili	ing Address: P O Box 369 528 Contact No: 919 553 3242	comfithom	
City: Clayton Please fill out applicant information if dif	State: <u>NC</u> Zip: <u>Z72</u> fferent than landowner	Contact No: 919 555 5242	Email:	
CONTACT NAME APPLYING IN O	FFICE:		_Phone #	······
PROPERTY LOCATION: Subdivisi	on: Oxford Woods		Lot #:	Lot Size: .759 acre
State Road # 1006 St	tate Road Name: Old Stage	Road N	Map Book & Pa	19-2017, 147
Parcel: 040692 0017 45		PIN:0682-99-0557.000		
Zoning: RA-30 Flood Zone:	Watershed: <sup>IV</sup>	PIN: 0682-99-0557.000 Deed Book & Page: 3575 74	Power Company*: Du	ke Progress Energy
*New structures with Progress Ener	roy as service provider need	to supply premise number64751018	from	Progress Energy.
(Is th	ne second floor finished? ()	asement (w/wo bath) Garage: ) yes () no Any other site built add x) # Bedrooms: Garage:	itions? () yes () no	
Duplex: (Sizex)	No. Buildings:	No. Bedrooms Per Unit:		
Home Occupation: # Rooms:_	Use:	Hours of Operation:		#Employees:
Addition/Accessory/Other: (Si:	zex) Use:		Closets in a	addition? () yes () no
Materia County	Evicting Mall No.	w Well (# of dwellings using well	) *Nust have onerabl	e water before final
		Existing Septic Tank (Complete		
		factured home within five hundred feet (		_
Does the property contain any eas				·····
		osed Manufactured Homes:	Other (so	ecify):
ou deceres (existing of proposed). (	onglo (anny arroinigo, <u></u>		0	· · · · · · · · · · · · · · · · · · ·
Required Residential Property I		omments:		
	Actual_41'			
Rear 25'	170'			
Closest Side	11'	·		
Sidestreet/corner lot_n/a	<u> </u>			
Nearest Building	<b></b>			
on same lot Residential Land Us	e Application	Page 1 of 2		03/11

.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 210 N; right on Benson Road; right on Old Stage; subdivision on right

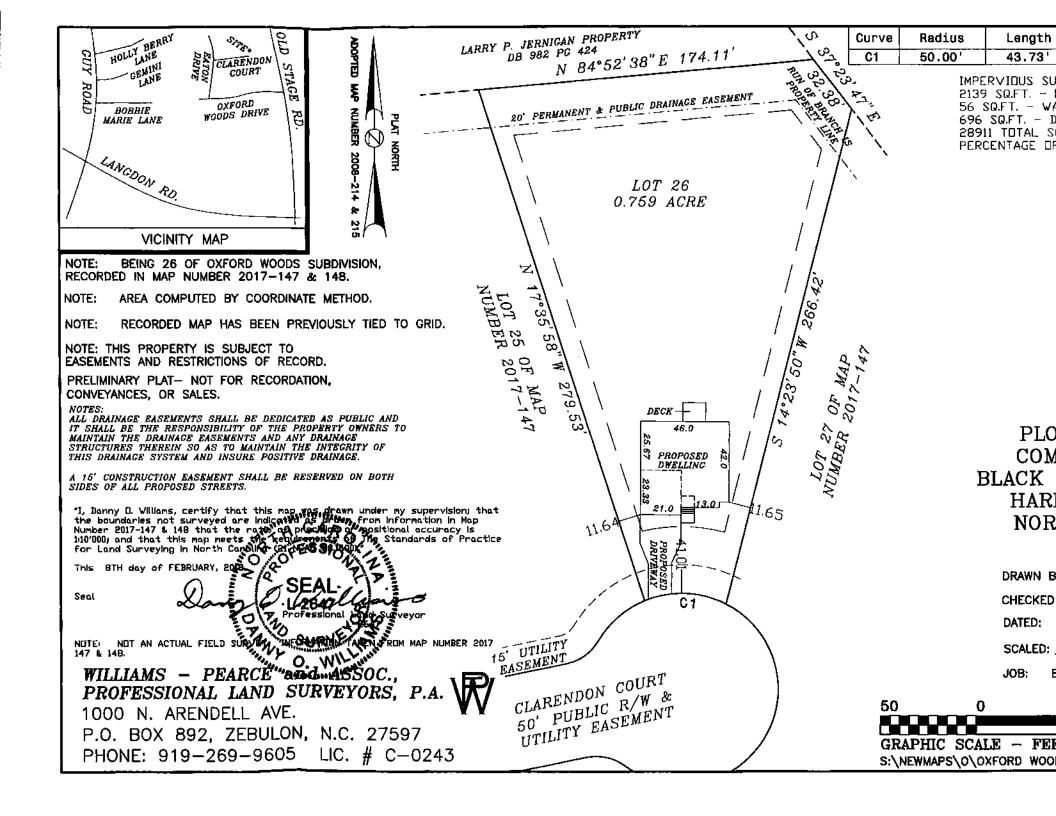
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Ο Signature of Owner or Owner's Agent

2/28/18 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\*\*



ment bones

**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 p an = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION #\_\_

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, ٠ 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 ٠ 800 (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	{_X 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:

{}\ES	{}} NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	( <u>X)</u> NO	Do you plan to have an irrigation system now or in the future?
()YES	$(\underline{X})$ NO	Does or will the building contain any <u>drains</u> ? Please explain.
{}\`ES	$ \underline{X} _{NO}$	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	NO KY	Is any wastewater going to be generated on the site other than domestic sewage?
{}YES	NO (X)	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 IN	Does the site contain any existing water, cable, phone or underground electric lines? - only Street right
		If yes please call No Cuts at \$00-632-4949 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 & Complete Site Evaluation Can Be Performed.

6

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Application #

	Harnett County Central Permittin	
Each section below to be filled out	PD Box 65 Lillington NC 27546	
by whomever performing work	910 893 7525 Filx 910 893 2793 www harnett o	(g/permits
Must be owner or licensed contractor Address company		
name & phone must match	Application for Residential Building and T	rades Permit
		<b>n n n</b>
Owners Name	TOUS COMOS SOC	Date of S-K
Site Address <u>11</u>	lerendar Court Horaie	27501 Phone 919-553-3242
Directions to job site fro		
T no their		Jet on Kenson Rd.
	and adde - and o's w	on right
	sta Woods	Lot a b
Description of Propose	d Work Construction of single I	serning # of Bedrooms 3
	iheated SF 486 Finished Bonus Room?	
	General Contractor Information	Craw Space Slab
1 tredmal	and agno	<b>A a</b>
Building Contractor s C	ompany Name	<u>919-555-3242</u> Telephone
Dobor 3	$0$ $0$ $\times$ $10$ $ 0$	$\Delta$
Address	of clarper U. D.S.W.	Contribunes@201.com Email Address
33184		Email Address
License #	-	
	Electrical Contractor Informatio	n
Description of Work	uchin + trin Out Service Size	300 Amps T-Pole Yes No
Summer fiel	1 Electric	919-975-0599
Electrical Contractors (	Company Name	Telephone
205 Thanks	aising Voltine Dert Rd	
Address	201 July 2	Email Address
99892	- วาราษ	
License #		
	Mechanical/HVAC Contractor Inform	<u>iation</u>
Description of Work	such in trimost 1 other ve	atiletion
Stephenson	Healing & Air	919-329-0686
Mechanical Contractors	Company Name	Telephone
343 Shiow	Deh Dr. Carner D dec	Pe
Address		Email Address
18644		
License #	-	
	Plumbilig Contractor Informatio	<u> </u>
Description of Work 2	this I doin out	# Baths
Andit fident	Noina.	919-934-1379
Plumbing Contractor s C	Company Name	Telephone
<u>155 Rock</u>	Filler Rd Claybork	
Address	All and a second s	Email Address
20833		0
License #	-	
	Insulation Contractor Informatio	
1 metel	Subjon-519 Old Drugtor	200 919-661-0999
Insulation Contractor s C	Company Name & Address barner BC	Telephone
	27529	
INOTE Come		

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

ο Signature of Owner/Contracto Officer(s) of Corporation

;

ί

7107 J

.	Affidavit for Worker's Compensation N C G S 87-14
- C S	General Contractor Owner Officer/Agent of the Contractor or Owner To hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work et forth in the permit
th	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 Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance vering themselves
Wi De to i car	Has no more than two (2) employees and no subcontractors hile working on the project for which this permit is sought it is understood that the Central Permitting partment issuing the permit may require certificates of coverage of worker's compensation insurance prior ssuance of the permit and at any time during the permitted work from any person firm or corporation rying out the work mpany or Name Compatibility of the permitted work from any person firm or corporation
Sıgı 	WITHE Labore and the dest bec's Date 2-28-18

1.517

# DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 799994

# Filed on: 02/14/2018 Initially filed by: ComfortHomes

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.

Designated Lien Agent	Project Property
WFG National Title Insurance Company	Oxford Woods 101 26 71 CLARENDON COURT
Online: www.liensnc.com.(http://www.bounc.com)	ANGIER, NC 27501
Address: 19 W Hargett St., Suite 507 / Raleigh, NC	Hamett County
27601	
Phone: 888-690-7384	
Fax: 913-489-5231	Property Type
Email: support(@liensnc.com (male support inter.com)	

1-2 Family Dwelling

#### **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

HARNETT COUNTY CASH RECEIPTS \*\*\* CUSTOMER RECEIPT \*\*\* Oper: JBROCK Type: CP Drawer: 1 Date: 3/06/18 52 Receipt no: 277274 Year Number Amount 2018 50043466 71 CLARENDON CT ANGIER, NC 27501 B4 BP - ENV HEALTH FEES \$750.00

COMFORT HOMES INC

3

:

Tender detail CK CHECK PAYMEN Total tendered Total payment	38811	\$750.00 \$750.00 \$750.00
---	-------	----------------------------------

Trans date: 3/06/18 Fime: 13:15:00

\*\* THANK YOU FOR YOUR PAYMENT \*\*