Initial Application Date:_	3	10	L1°	8
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Application #_	18500434	109

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

on same lot

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" ____ Mailing Address: P O Box 369 LANDOWNER: Comfort Homes, Inc. Email: comfrthomes@aol.com City: Clayton APPLICANT*: Comfort Homes, Inc.

Mailing Address: P O Box 369

City: Clayton State: NC Zip: 27528 Contact No: 919 553 3242 Email: comfrthomes@aof.com

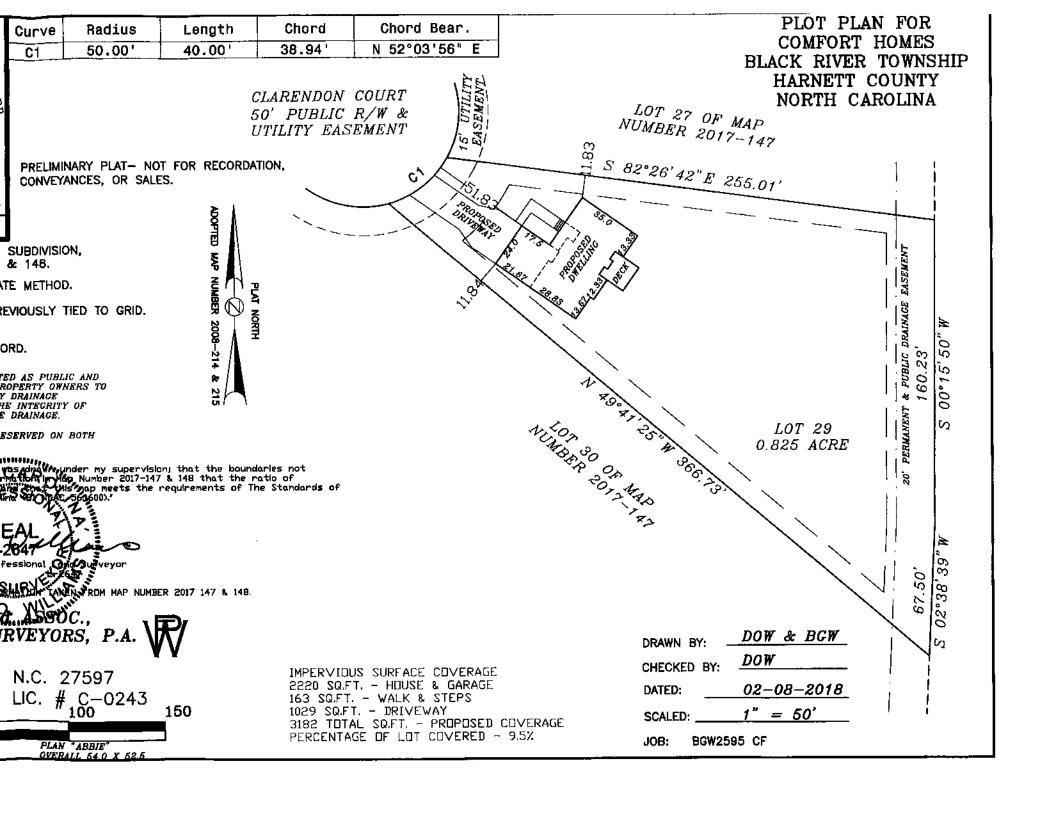
Please fill out applicant information if different than landowner _____Phone #_ ___Phone #_ ___ CONTACT NAME APPLYING IN OFFICE: Julian Stewart PROPERTY LOCATION: Subdivision: Oxford Woods State Road Name: Old Stage Road N PIN: 0682-99-2274.000 Parcel: 040692 0017 48 Deed Book & Page: 3574 / 74 Power Company: Duke Progress Energy *New structures with Progress Energy as service provider need to supply premise number _____ PROPOSED USE: Monolithic SFD: (Size 54' x 52.5') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: 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: __ Closets in addition? (___) yes (___) no Addition/Accessory/Other: (Size ____x___) Use:_____ 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 (v) yes () no Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes:____ Other (specify):_____ Required Residential Property Line Setbacks: Actual 51' Front 25' 160' Rear 11' 10' Closest Side n/a Sidestreet/corner lot n/a Nearest Building

Residential Land Use Application

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 o	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	the best of my knowledge. Permit subject to revocation if false information is provided. 2/28/18		
Signature of Owner or Owner's A	gent 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.***



NAM	E: COM	rol trod	me son	APPLICATIO	N#:
_		*This application to b	e filled out when applying	g for a septic system	inspection.*
<u>C</u>	<u>ounty Health I</u>	Department Applic	<u>ation for Improveme</u>	nt Permit and/or	Authorization to Construct
IF TH	E INFORMATION :	IN THIS APPLICATION I	S FALSIFIED, CHANGED, (OR THE SITE IS ALTE	RED. THEN THE IMPROVEMENT
PERM	II OR AUTHORIZ	ATION TO CONSTRUCT	SHALL BECOME INVALII	 The permit is valid for 	or either 60 months or without expiration
перепо	nng upon document A C O O O O O O O O O O	ation submitted. (Complete	e site plan = 60 months; Comp		
٦.	910-893-7525			CONFIRMATI	ON #
¥ ₽	nvironmental H	ealth New Septic Sy	<u>stem</u> Code 800		
•	All property	rons must be made	visitile. Place "pink pr	operty flags" on ea	ch corner iron of lot. All property
_	Place formation	clearly flagged approx	imately every 50 feet be	tween corners.	
•	Place orange	nouse corner riags" a	at each corner of the prop	posed structure. Al	so flag driveways, garages, decks
	Disso erange	Swirtining pools, etc.	Place flags per site plan	developed at/for C	entral Permitting.
•	If proposity in t	Environmental Health	card in location that is e	asily viewed from ro	pad to assist in locating property.
•	in property is t	nickly wooded, Enviro	nmental Health requires	that you clean out	the <u>undergrowth</u> to allow the so
	All late to be	pe penomied. Inspect	tors should be able to wa	lik freely around site	Do not grade property.
•	for failure to	<u>auuresseu wiinin 10</u> uncover outlet lid. m	i business days after c	ontirmation. \$25.00	O return trip fee may be incurred
	After preparing	ancover outlet na. m	ark nouse corners and	property lines, etc	c. once lot confirmed ready.
_	800 (after sele	g proposed site call til	e voice permitting syster nit if multiple permits evi	n at 910-893-7525 (option 1 to schedule and use code al Health inspection. Please note
	confirmation o	umber given at end of	recording for proof of re	anes an ioi Environment	al Health Inspection. Please note
•	Use Click2Go	on IVR to verify resul	ts. Once approved, proc	<u>uuest.</u> Sood to Control Borr	nitting for normita
- E	nvironmental H	ealth Fristing Tank I	nspections Code 800	reed to Celifial Lell	maing for permas.
- <u>-</u>	Follow above i	nstructions for placing	flags and card on prope	rtv	
•	Prepare for in	spection by removing	soil over outlet end of	ary. Itank se disorom iz	ndicates, and lift lid straight up (ii
	possible) and	hen put lid back in o	lace. (Unless inspection	is for a sentin tank	in a mobile home park!
•	DO NOT LEAVE	LIDS OFF OF SEPTIC	TANK	is for a septic tarik	in a mobile nome park)
•	After uncovering	ng outlet end call the	voice permitting system	at 910-893-7525 or	ption 1 & select notification permit
	if multiple per	mits, then use code	800 for Environmental I	Health inspection.	Please note confirmation number
	given at end of	<u>recording for proof of </u>	'reau€st.		
•	Use Click2Gov	or IVR to hear results	s. Once approved, proce	ed to Central Permi	tting for remaining permits.
<u>SEPT</u> I	<u>C</u>				
If appl	ying for authorizati	on to construct please ind	licate desired system type(s):	can be ranked in orde	r of preference, must choose one.
{_}}	Accepted	{} Innovative	{_🏋 Conventional	{ <u></u> } Any	
{}.	Alternative	{ Other			
					he following apply to the property in
iuestio	n. If the answer is	"ves", applicant MUST	TATTACH SUPPORTIN	аррисацоп и алу от с С БОСЕМЕМТА Т	ne ronowing apply to the property in
1		Jes , applicant 01031		O DOCUMENTAL	.Ota.
137	CO / LNO	Door the six accession			

Does the site contain any Jurisdictional Wetlands? NO (X) {_}}YES Do you plan to have an irrigation system now or in the future? (_)YES (X) NO Does or will the building contain any drains? Please explain. Are there any existing wells, springs, waterlines or Wastewater Systems on this property? (__)YES Is any wastewater going to be generated on the site other than domestic sewage? Is the site subject to approval by any other Public Agency? Are there any Easements or Right of Ways on this property? 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 A Complete Site Exaluation Can Be Performed. PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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
PD Box 65 Lillington NC 27546
910 693 7525 Fax 910 893 2793 www.hernett.org/permits

Application for Residential Building and Trades Permit

a phone must match	rades rejuit			
Owner's Name Combat Homes Inc	Date 2-28-18			
Site Address 12 Clarendon Court Major 2000 Phone 919-553-3242				
Consider the contract of the c	ht on Benson Rd.			
right on Old Stage. Subdivision	on right			
2	Or 1 rager			
Subdivision Oxford Woods	tr. 20			
Description of Proposed Work Construction of Single	comity # of Bedrooms			
Heated SF 1604 Unheated SF 531 Finished Bonus Room?	Court Commission			
General Contractor Informatio	n ()			
Courtes formes pur	919-553-3243			
Building Contractor s Company Name	Telephone			
Address Address	Confet homes @ 201.com			
33184	Email Address			
License #				
Electrical Contractor Information	on .			
	Amps T-PoleYesNo			
Electrical Contractor's Company Name	<u>419-975-0599</u>			
No thanksaining Volling Dart Rd	Telephone			
Address Solm DC	Email Address			
2636 37576				
License #				
Mechanical HVAC Contractor Inform Description of Work Rough in Figure 12	··· ·			
	entiletion			
Mechanical Contractor's Company Name 5	719 - 329-0686 Telephone			
343 Shipwork Dr. Garner 20 275				
Address	Email Address			
18644				
License # Plumbuig Contractor Informatio	_			
Description of Work 10 web in 1 de in out	-			
and the state of t	# Baths			
Plumbing Contractor's Company Name	Telephone			
255 Rock Pillar Rd Claubal	i diap(io) le			
	DEmail Address			
<u>a0897</u>	O			
License # Insulation Contractor Informatio	_			
1 and 1 ac 1 time and the	999-661-0999			
Insulation Contractor's Company Name & Address Gorner &	Telephone			
37539				

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

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 ContractorOwnerOfficer/Agent of the Contractor or Owner Do hereby confirm under penalties of penuity that the person(s) rfirm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained workers compensation insurance to cover them them The solution of the cover them them The solution of the cover them them The solution of the cover them the cover the cover them the cover the c
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance
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 to issuance of the permit and at any time during the permitted work from any person firm or corporation
Company or Name Combut Hones In
Sign w/Title Lattle With and the Date 3-28-18

 $p_{i}\in \mathbb{R}^{n}$

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 799997

Filed on: 02/14/2018

Initially filed by: ComfortHomes

Designated Lien Agent

Project Property

Print & Post

WFG National Title Insurance Company

Online: www.licnsnc.com/http://www.bourn.com/

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

27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com pasta apparationes.com

Oxford Woods lot 29 72 CLARENDON COURT ANGIER, NC 27501 Harnett County

Property Type

1-2 Family Dwelling



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

1 of 1

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 3/06/18 52 Receipt no: 277279

Year Number Amount 2018 50B43469 72 CLARENDON CT ANGIER, NC 27501 B4 BP - ENV HEALTH FEES \$750.00

NEW TANK

COMFORT HOMES INC

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

Trans date: 3/06/18 Time: 13:16:34

** THANK YOU FOR YOUR PAYMENT **