

Initial Application Date: 8.14.12

Application # 12.5002.9552

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**  
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"**

LANDOWNER: Timothy S. Owen Mailing Address: P.O. Box 282  
City: BUNNLEVEL State: N.C. Zip: 28323 Contact No: 910-723-1975 Email: hoot3930@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Timothy Owen Phone # 910-723-1975

PROPERTY LOCATION: Subdivision: Opal Byrd Lot #: \_\_\_\_\_ Lot Size: 52.94

State Road # 2026 State Road Name: Byrd Pkwa Rd Map Book & Page: 98, 115

Parcel: 12.0565.0014.03 PIN: 0565.08.2592

Zoning: R30B Flood Zone: V Watershed: na Deed Book & Page: 1263760 Power Company\*: Progress

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

**PROPOSED USE:**

SFD: (Size 46'x100') # Bedrooms: 4 # Baths: 3 1/2 Basement (w/wo bath): \_\_\_\_\_ Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

*attached to home*

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: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

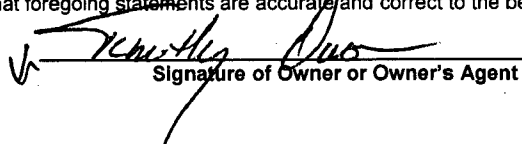
**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>2000</u>
Rear		<u>25</u>		<u>230'</u>
Closest Side		<u>10</u>		<u>270'</u>
Sidestreet/corner lot		<u>20</u>		<u>—</u>
Nearest Building on same lot		<u>10</u>		<u>104</u>

Comments: existing IPRTD

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 401s to (Byrd's Pond Rd ON right) Second drive ON left marked with address sign # 345. site to be checked is straight back through farm ACROSS large pond

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.

  
Signature of Owner or Owner's Agent

8-14-12  
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.\*\*\*

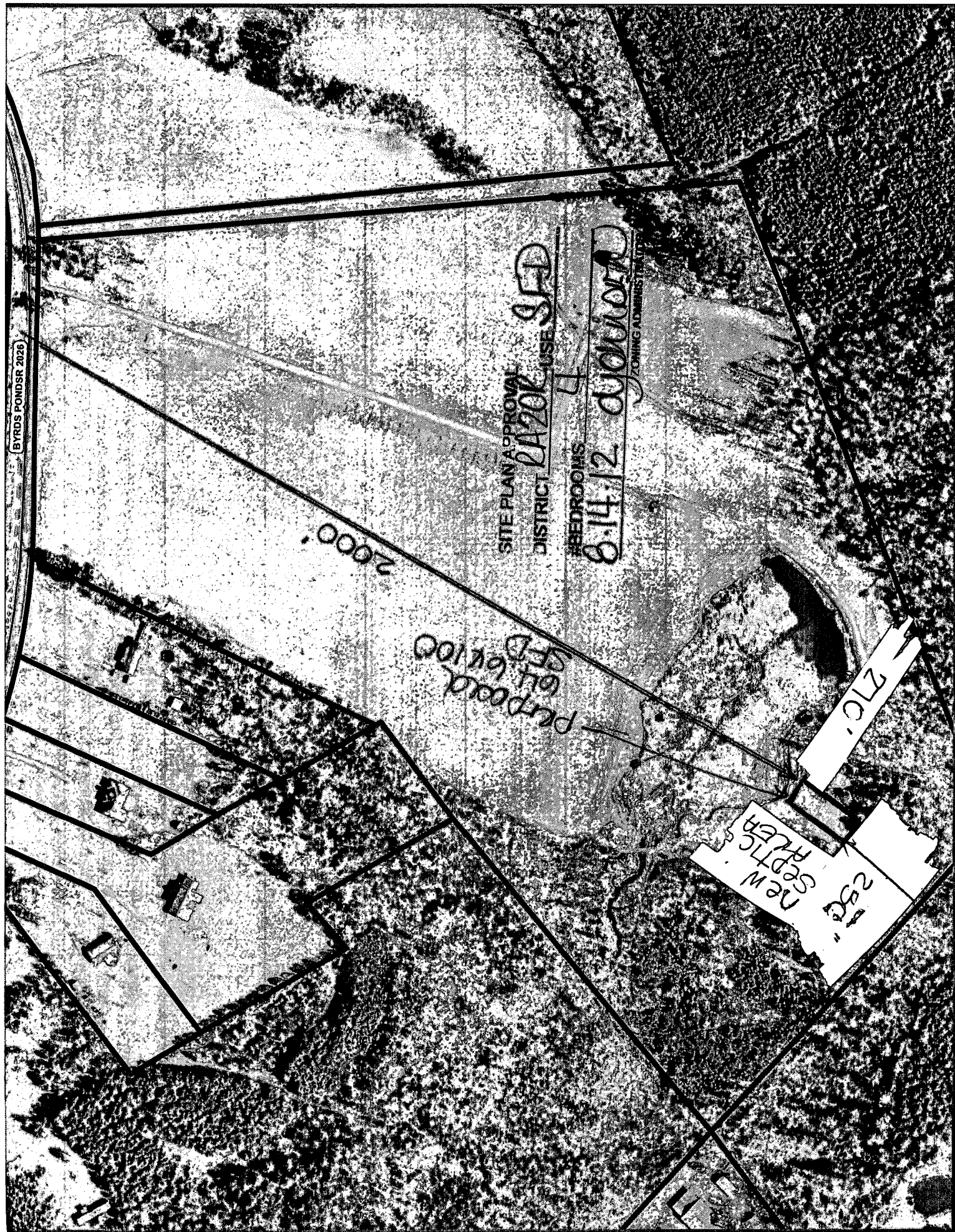
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

2000'

SITE PLAN APPROVAL  
DISTRICT 2A20K USE SFD  
#BEDROOMS 4  
8.14.12 *duchovna*  
ZONING ADMINISTRATION

Pond  
SFD 64.64.100

270'  
New Septic  
330' R/W



NAME: Tenally Dues

APPLICATION #: 12.50029552

**\*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 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?
  - { } 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. guttered
  - { } 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? At highway
  - {  } YES    { } NO    Does the site contain any existing water, cable, phone or underground electric lines? going to existing home
- 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.

Tenally Dues  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10-8-14-12  
DATE

09/09/11

Application #

1250029552

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 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 Timothy (Scott) Owen Date 10-30-13

Site Address 349 Byrd's Point Rd. Erwin NC 28339 Phone 910-723-1975

Directions to job site from Lillington  
[Handwritten scribble]

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work SFD # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

[Signature]  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 400/380 Amps T-Pole  Yes  No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

[Signature]  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

[Signature]  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

[Signature]  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**\*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

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

10-30-13  
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

[Signature]  
Sign w/Title

10-30-13  
Date

STATE OF NORTH CAROLINA

**OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14(a)(1)**

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

12 0505 0014 03

Timothy Scott Owen  
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. TD I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

       I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);

2. TD I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3. TD I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;

4. TD I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

Timothy Owen  
(Signature of Affiant)

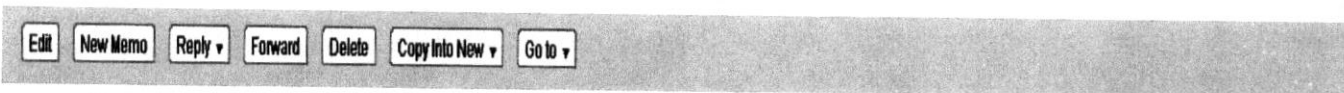
10-30-13  
Date

Sworn to (or affirmed) and Subscribed before me this the 30 day of Oct, 2012

Jennifer S Brock  
Signature of Notary Public  
Jennifer S Brock  
Printed Name of Notary Public

My Commission Expires: 9-30-2018 (Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)



**Scott Owen**  
<fullpull48@gmail.com>  
10/09/2013 10:47 PM AST

To scott\_owen@goodyear.com  
cc  
bcc  
Subject Fwd: LiensNC Notice of Appointment of Lien Agent - Address: 349 byrds pond rd erwin,nc 28339, Erwin, 28339

----- Forwarded message -----

From: "LiensNC Support" <donotreply@ncliens.com>  
Date: Oct 9, 2013 10:09 PM  
Subject: LiensNC Notice of Appointment of Lien Agent - Address: 349 byrds pond rd erwin,nc 28339, Erwin, 28339  
To:  
Cc:

A(n) Appointment of Lien Agent was filed on October 09, 2013, 10:04:20 PM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

**Project Property**

Timothy & Christie Owen, deed book 1263,pg 760 map no. 98-115 (3.76 ac.)  
349 byrds pond rd erwin,nc 28339  
Erwin, NC 28339

Entry Number: [54.664 \(entry search, view related filings\)](#)

Date of Filing: October 09, 2013, 10:04:20 PM

**Lien Agent**

Investors 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](tel:888-690-7384)  
**Fax:** [913-489-5231](tel:913-489-5231)  
**Email:** [support@liensnc.com](mailto:support@liensnc.com)

**Owner Information**

timothy owen  
345 byrds pond rd  
erwin, NC 28339  
United States Email: [fullpull48@gmail.com](mailto:fullpull48@gmail.com)  
Phone: [910-723-1975](tel:910-723-1975)

**Contractor Information**



raynor-bryan construction llc  
945 raynor road  
spring lake, NC 28390  
**Email:** [teamraynor@gmail.com](mailto:teamraynor@gmail.com)  
**Phone:** [910-751-7997](tel:910-751-7997)

**Pre-Permit Workers**

Randall Pate (architect) 25 Pine Vista Dr Pinehurst,nc -28374 [\(910\) 255-1080](tel:(910)255-1080)

[Click to view full filing details](#)

Scan for instant access on your mobile phone



[Unsubscribe](#)

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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-----
Application Number . . . . . 12-50029552           Date 10/30/13
Property Address . . . . . 345 BYRDS POND RD
PARCEL NUMBER . . . . . 12-0565- - -0014- -03-
Application type description  CP NEW RESIDENTIAL (SFD)
Subdivision Name . . . . .
Property Zoning . . . . . PENDING

```

```

Owner                               Contractor
-----
OWEN TIMOTHY SCOTT & WIFE           OWNER
OWEN CHRISTIE LEE
345 BYRD POND ROAD
ERWIN                               NC 28339
(910) 488-0536

```

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--- Structure Information 000 000 64.6 X 100 4 BR ATT GARAGE, PORCH CRAWL
Flood Zone . . . . . FLOOD ZONE X
Other struct info . . . . . # BEDROOMS                               4.00
                                PROPOSED USE                       SFD
                                SEPTIC - EXISTING?                 NEW
                                WATER SUPPLY                       COUNTY

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Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc . .
Phone Access Code . 981316
Issue Date . . . . 10/30/13           Valuation . . . . . 0
Expiration Date . . 10/30/14

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Special Notes and Comments
T/S: 08/14/2012 11:54 AM DJOHNSON --
TAKE 401 S TO BYRDS POND RD ON RIGHT
SECOND DRIVE ON LEFT. MARKED WITH
ADDRESS SIGN 345. SITE TO BE CHECKED
IS STRAIGHT THRU FARM ACROSS LARGE
POND. AT THE END OF THE DIRT RD
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

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_____
_____

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Page 2  
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 Application description . . . CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . .  
 Property Zoning . . . . . PENDING

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .  
 Phone Access Code . . . . . 981316

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___