

SCANNED

Initial Application Date: 3-1-13

DATE

Application #

1350030756R

CU#

3-24-14 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: BILLY H. + ELAINE SUSANEY Mailing Address: _____

City: FUGUY VARINA State: NC Zip: 27526 Contact No: 828-713-6068 Email: _____

APPLICANT: TRAVIS DANSON Mailing Address: 6615 PARKS CTR RD 2081 Cokesburg Rd

City: FUGUY VARINA State: NC Zip: 27526 Contact No: 919-868-8187 Email: wisematt54@gmail.com

*Please fill out applicant information if different than landowner

919 201 3841 trisdanson@gmail.com

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Carl Cotton Lot #: 2A Lot Size: 10

State Road # _____ State Road Name: Letter Rd Map Book & Page: 2002, 435

Parcel: 09 0643 0010 01 PIN: 0643-47-1169.000

Zoning: RR30 Flood Zone: X Watershed: IV Deed Book & Page: 3043, 741 Power Company*: _____

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

PROPOSED USE:

69x45
 SFD: (Size 36x52) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab monolithic
(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: 1 Proposed Manufactured Homes: 1 Existing Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual _____

Rear _____

Closest Side _____

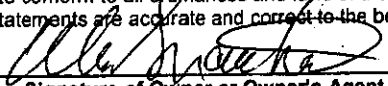
Sidestreet/corner lot _____

Nearest Building on same lot _____

Comments: Change size of House and Moving New Well site.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N. TO KIPPLING Rd. T/L ON
KIPPLING Rd. TO PITON HARDEE Rd. TURN RIGHT
ON COTTON Rd. TURN RIGHT ON DEER TAIL. 1000'
ON LEFT BEFORE DOUBLE WIDE

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

3/1/13
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

Initial Application Date: 3/29/14

Application # 1350030756
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: Billy + Elaine Swayney Mailing Address: 505 Deer Tail Lane
City: Fuquay Varina State: NC Zip: 27526 Contact No: ~~919-201-3791~~
828-713-6668 Email: ~~ts@swayney.com~~

APPLICANT: Travis Dawson Mailing Address: 2081 Cokesbury Rd.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-201-3841 Email: travisdawson@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Carl Cotton Lot #: 2A Lot Size: 10 Acres

State Road # _____ State Road Name: Cotton Rd Map Book & Page: 2002, 435

Parcel: 08 0643 0010 01 PIN: 0643-47-1169.000

Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 3043, 741 Power Company: Progress Energy

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

PROPOSED USE:

SFD: (Size 69 x 45) # 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: 1 proposed Manufactured Homes: _____ Other (specify): _____

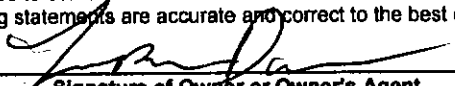
Required Residential Property Line Setbacks:	Comments:
Front Minimum _____ Actual _____	_____
Rear _____	_____
Closest Side _____	_____
Sidestreet/corner lot _____	_____
Nearest Building on same lot _____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 N toward Kipling. Take

left on Kipling Rd, Right on Hardee Rd, Right on Cotton Rd, Right on Deer Tail, 1000 Ft on left before Doublewide

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.

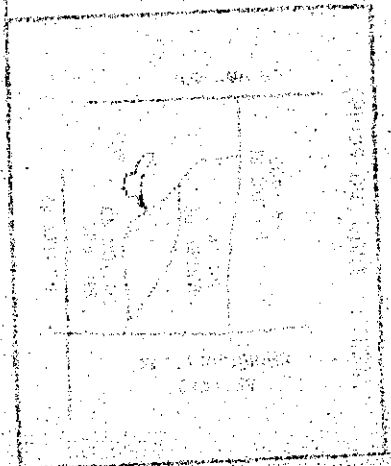

Signature of Owner or Owner's Agent

3/24/14
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

2nd Home on Property

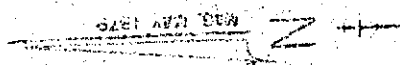


NOT TO SCALE
ART BY CONSIDERIES
NO PROPERTY LINES, EASES,
OR RIGHTS SHOWN

ALL RIGHTS RESERVED
DATE: 01/14/14
BY: J. M. H. / J. M. H.
PROJECT: 2002-435

325' 10,000 ACRES
TO CENTERLINE
EASEMENT

2A



300 AMHABLE FOREST LLC
D.B. (79) 90. 819

N 83°48'00"E
111.15

N 04°26'45"E
174.90

N 85°13'00"E
289.07

N 48°03'15"E
291.85

N 60°45'45"E
249.09

N 10°48'15"E
598.50

S 71°49'49"W
200.00

N 32°22'45"E
129.21

N 33°08'17"W
182.51

N 76°09'45"W
133.10

S 59°55'53"E
801.00

N 04°54'21"W

New Well

Existing Well

Existing Well

EXISTING
30' PAD

Map # 2002-435

1 EXISTING MH

1 PUMPED GFD

SITE PLAN APPROVAL

DISTRICT 3

#BEDROOMS 3

3-1-13

J. M. H.

Zoning Administrator

CARL COTTON JR.
D.B. (79) 90. 819

II

1350030756

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 Billy + Elaine Swayney Date 3/26/14
Site Address 505 Deer Tail Ln Fugay Virginia NC Phone 828-713-6068
Directions to job site from Lillington 401 W towards Kipling. Take left on Kipling Rd, Right on Hardee Rd, Right on Cotton Rd, Right on Deer Tail Ln. 100ft on left before doublewide.
Subdivision _____ Lot _____
Description of Proposed Work New House # of Bedrooms 3
Heated SF 1483 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Dawson's Construction LLC 919-201-3841
Building Contractor's Company Name Telephone
2081 Cokesbury Rd Fugay Virginia NC TRVSDAWSON@gmail.com
Address Email Address
71782
License #

Electrical Contractor Information

Description of Work New House Service Size 200 Amps T-Pole Yes No
Dawson's Electric Inc. 919-201-3841
Electrical Contractor's Company Name Telephone
2081 Cokesbury Rd Fugay Virginia NC TRVSDawson@gmail.com
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work New House
JC's Heating + Air 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd Holly Springs NC _____
Address Email Address
12655 27540
License #

Plumbing Contractor Information

Description of Work New House # Baths 2
Straight Flush Plumbing 919-482-8044
Plumbing Contractor's Company Name Telephone
978 Mitchell Rd Lillington NC _____
Address Email Address
23655 27546
License #

Insulation Contractor Information

Friends Insulation 919-291-2438
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

Travis Dawson
Signature of Owner/Contractor/Officer(s) of Corporation

3/26/14
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 Dawson's Construction LLC
Sign w/Title *Travis Dawson* Date 3/26/14

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 115385

Filed on: 03/27/2014

Initially filed by: Ndawson90

Designated Lien Agent

North American 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**505 Deer Tail Ln
Fuquay Varina, NC 27526
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 InformationDawson's Construction
2081 Cokesbury Rd
Fuquay-Varina, NC 27526
United States
Email: trvsdawson@gmail.com
Phone: 919-201-3841**Date of First Furnishing**

04/14/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.

Application Number 13-50030756 Date 4/09/14
Property Address 505 DEER TAIL LN
PARCEL NUMBER 08-0643- - -0010- -01-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner

SWAYNEY BILLY H & ELSIE ELAINE
505 DEER TRAIL LANE
LILLINGTON NC 27546

Contractor

DAWSON'S CONSTRUCTION, LLC
2081 COKESBURY RD.
FUQUAY VARINA, NC
FUQUAY VARINA NC 27526
(919) 201-3841

Applicant

MATTHEWS WES #2

--- Structure Information 000 000 69X45 3BDR 2BATH SFD W GAR DECK CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY NEW WELL

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc
Phone Access Code 1026947
Issue Date 4/09/14 Valuation 127406
Expiration Date 4/09/15

Special Notes and Comments

T/S: 03/01/2013 02:07 PM VBROWN ----
505 DEER TRAIL LANE.
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

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
Date 4/09/14

Application Number 13-50030756
 Property Address 505 DEER TAIL LN
 PARCEL NUMBER 08-0643- - -0010- -01-
 Application description . . . CP NEW RESIDENTIAL (SFD)
 Subdivision Name
 Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1026947

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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___