

Initial Application Date: 2-19-15Application # 1550035548

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: Lyon Builders Inc. Mailing Address: P.O. Box 569
 City: Olivia State: NC Zip: 28368 Contact No: 9193530370 Email: Lyonp@earthlink.net

APPLICANT: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Paul Lyon Phone # 919 353 0370

PROPERTY LOCATION: Subdivision: _____ Lot #: 1 Lot Size: 1.91
 State Road # 1237 State Road Name: Griffin Rd. Map Book & Page 2015, 63
 Parcel: 13 0519 0103 PIN: 0610 50 9263.000
 Zoning: RA20A Flood Zone: X Watershed: NA Deed Book & Page: 3284377 Power Company*: _____

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

PROPOSED USE:

- ☒ SFD: (Size 54' x 59') # Bedrooms: 3 # Baths: 3 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: _____ Manufactured Homes: _____ Other (specify): covered shelter

Required Residential Property Line Setbacks:

Front Minimum 35' Actual 42.8'
 Rear 25' 61.8'
 Closest Side 10' 100'
 Sidestreet/corner lot _____
 Nearest Building _____
 n same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

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****

NAME: Lyon Builders Inc.

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 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?
- { } 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?

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

2-19-15

09/09/11

Application #

1550035548

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 Lyon Builders Inc. Date 3-17-15
Site Address 1265 Griffin Rd. LOT 1 Phone 919-353 0370
Directions to job site from Lillington Old US 421 to Griffin Rd. on
left job site 3 miles on right

Subdivision _____ Lot _____
Description of Proposed Work New Construction # of Bedrooms 3
Heated SF 2100 Unheated SF 550 Finished Bonus Room? Yes Crawl Space ☒ Slab ☐

General Contractor Information

Wicker Construction 919 356 8585
Building Contractor's Company Name Telephone
5163 Buckhorn Rd. Sanford, NC 27332 Britten Wicker @ yahoo.com
Address Email Address
63744

License #

Electrical Contractor Information

Description of Work NEW Electrical Service Size 200 Amps T-Pole ☒ Yes ☐ No
Wester & Pace Electric 910 2
Electrical Contractor's Company Name Telephone
614 Leslie Rd. Sanford, NC 27332 William.wester@gmail.com
Address Email Address
12007-u

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Jones & Jones Heating & Air 910-424-7702
Mechanical Contractor's Company Name Telephone
5217 Marracco Dr. Hope Mills, NC
Address 28348 Email Address
11614

License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 2 1/2
Gilbert Plumbing Co. 910 214 1274
Plumbing Contractor's Company Name Telephone
1638 Timothy Rd. Dunn, NC rgilbert@intrastar.net
Address Email Address
10929

License #

Insulation Contractor Information

Tri-City Insulation 910-486-6008
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 of Owner/Contractor/Officer(s) of Corporation

3-17-15
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 Wicker Construction

Sign w/Title  President Date 3-17-15

Payment Receipt Confirmation

Your payment was successfully processed

Transaction Summary

Description	Amount
NC Liens	\$25
Total Amount Paid	\$25

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
RESAPPT	Appointment of Lien Agent (1-2 Family Dwelling) - Entry Number: 264281	\$25	1	\$25
TOTAL				\$25

Customer Information

Customer Name Lyon Builders Inc.
Local Reference ID 93066
Receipt Date 3/17/2015
Receipt Time 01:24:13 PM EDT
Billing Information
Billing Address 1 P.o. Box 569
Billing Address 2
Billing City, State Olivia, NC
Zip/Postal Code 28368
Country US

Payment Information

Payment Type Electronic Check
Billing Name Lyon Builders Inc.
Account Number *****9726
Order ID 10496348

Phone Number 919-353-0370
Fax Number

Plan Box # A4 Date 3.16.15
Job Name Lynn Ridge

App # 15-50035548 Valuation 264288 Heated SQ Feet 2225
Garage 528

= 2753

Inspections for SFD/SFA

Crawl V Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____ Envir. Health new Other _____

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Additions / Other

Footing _____
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

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 15-50035548 Date 3/17/15
Property Address 93532 *UNASSIGNED
PARCEL NUMBER 13-0519- - -0103- -01-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner	Contractor
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LYON BUILDERS INC	WICKER CONSTRUCTION CORP.
PO BOX 569	5163 BUCKHORN RD
OLIVIA NC 28368	SANFORD NC 27330
	(919) 258-9646

Applicant

PAUL LYON #1

--- Structure Information 000 000 54X59 3BDR 3BATH SFD
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc . .
Phone Access Code . 1077239
Issue Date 3/17/15 Valuation 0
Expiration Date . . 3/16/16

Special Notes and Comments

T/S: 02/20/2015 11:29 AM VBROWN ----
LOT 1 IS ON GRIFFIN RD ACROSS FROM THE
NEW BOONE TRAIL SCHOOL ON THE CONER OF
GRIFFIN RD AND ADCOCK RD MAMERS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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

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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	_____	____/____/____