

Initial Application Date: 7/24/15

Farm Building Exempt

Application #

15-5036705

CU#

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: William E Byrd Family Limited Partnership Mailing Address: 3507 CEMETARY RD

City: Sanford State: NC Zip: 27332 Contact No: 252-341-3558 Email: JBYRDWEBFLP@GMAIL.COM

APPLICANT: Jeff Byrd Mailing Address: JByrdWEBFLP@GMAIL.COM

City: Greenville State: NC Zip: 27358 Contact No: 252-341-3558 Email: JBYRDWEBFLP@GMAIL.COM

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jeff Byrd Phone # 252-341-3558

PROPERTY LOCATION: Subdivision: Turkey Trot II Lot #: 14 Lot Size: 10 acres.

State Road # 1270 State Road Name: Hollies Pines Road Map Book & Page: 2002, 0301

Parcel: 139692 0014 78 PIN: 9692-70-9815-000

Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 03056, 0679 Power Company*: _____

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

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ 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 56 x 84) Use: Farm use, Storage, Shop, Facility To Clean up From Farm Work, Bath Room. 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: existing Manufactured Homes: _____ Other (specify): multi-Purpose Farm Building

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|---------------------------|-----------|-------------|
| Front | <u>35</u> | <u>235</u> |
| Rear | <u>25</u> | <u>736</u> |
| Closest Side | <u>10</u> | <u>100</u> |
| Street/corner lot | <u>20</u> | |
| Nearest Building same lot | <u>10</u> | <u>120'</u> |

Comments:

Old Farm Home falling down
Farm Building Only
Exempt

UC#

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 421 Toward Sanford
turn Right on Holly Springs, go past Holly Springs
Church take Left on Hollies Pines Rd to End
of Hollies Pines Rd. Site on Right at end of
Hollies Pines Rd

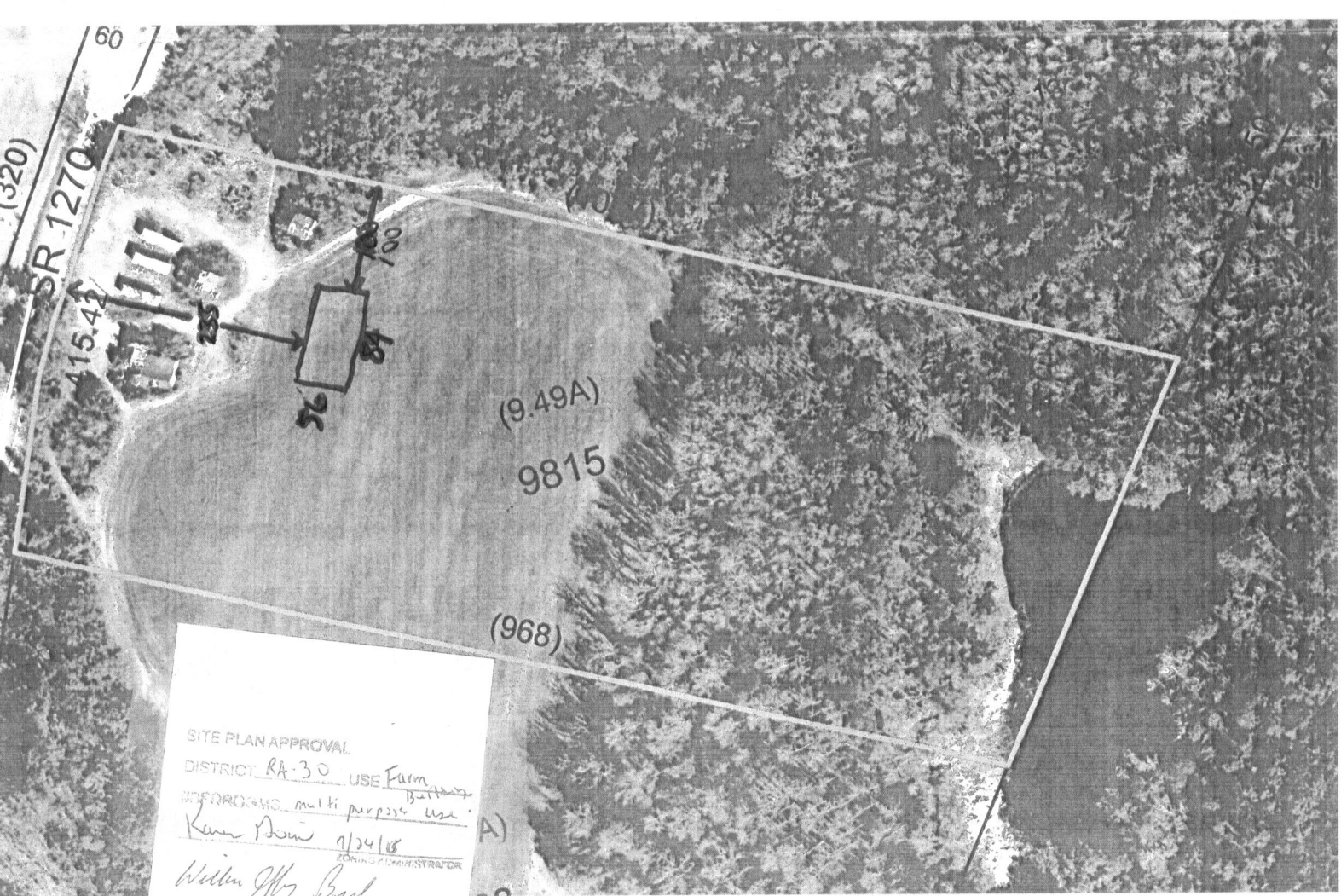
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

Wm. Jeffrey Byrd
Signature of Owner or Owner's Agent

7-24-15
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**



SITE PLAN APPROVAL
 DISTRICT RA-30 USE Farm ~~Bar~~
 REFORMING multi purpose use
 Ken Dow 9/24/18
 ZONING ADMINISTRATOR
 William W. Bond

NAME: William E. Byrd Family Limited Partnership

APPLICATION #: 15-50036705

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. BATH ROOM
 { } 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.

William Jeffrey Byrd
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-24-15
 DATE

LANDOWNER: William E. Byrd Family Limited Partnership
MAILING ADDRESS: 3507 CEMETERY ROAD
CITY: SANFORD STATE: N.C. ZIP: 27332 PHONE: 252-341-3558

APPLICATION DATE: 7-24-15 APPLICATION # 15-50036705

APPLICANT: William Jeffrey Byrd
MAILING ADDRESS: ~~4800~~ 3507 Cemetery Rd
CITY: SANFORD STATE: N.C. ZIP: 27332 PHONE: 252-341-3558

PROPERTY LOCATION: SR# 1270 SR NAME: Hollies Pines Road
PARCEL # 139692 0014 78 PIN # 9692-70-9815-000
ACREAGE: 10 FARM NUMBER: _____

VERIFICATION OF LAND USE PROGRAM BY TAX OFFICE: _____
Kan Dawson 7/24/15
SIGNATURE / CENTRAL PERMITTING TECHNICIAN DATE

I (we) have read and understand the requirements to qualify for a farm exemption. I (we) hereby claim such exemption because I (we) operate a bona fide farm which has a valid farm serial number and is currently enrolled in Harnett County's Land Use Program. Within the Land Use Program I (we) participate in:
Agriculture (); Horticulture (); Forestry ()
NOTE: Check each category that applies.

AFFIRMATION: I (we) the undersigned declare under penalties of law that the information contained in this application has been examined by me (us) and to the best of my (our) knowledge and belief is (are) true and correct. Additionally, I (we) fully understand that falsification of information supplied by me (us) herein shall cause any permit issued relying on such information, to be automatically revoked and all work shall immediately cease.

Signature(s) of Owner(s): William Jeffrey Byrd Date: 7-24-15

Date: _____

FOR OFFICE USE ONLY

APPROVED BY: Kan Dawson DATE: 7/24/15 PERMIT# 15-500-36705

DENIED BY: _____ DATE: _____

REASON FOR DENIAL: _____

VERIFICATION OF FARM EXEMPTION
COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting, 102 E. Front Street, Lillington, NC 27546
Phone (910) 893-4759 Fax (910) 893-2793

INTRODUCTION

It is the spirit and intent of these regulations that only bona fide farms benefit from any exemptions granted hereby. Three requirements must be met in order to qualify. First, the land must meet the definition of a bona-fide farm if the site is within an area under the jurisdiction of the Harnett County Zoning Ordinance. Second, the Harnett County Farm Services Office, United States Department of Agriculture, must issue a valid farm serial number. Third, the land in question must be enrolled in the "Land Use Program" offered by the Harnett County Tax Department which allows for reduced taxes based on meeting the requirements of N.C.G.S. 105.277.3(a) (1) or (2); N.C.G.S. 105.277.2 (b) and N.C.G.S. 105.282.1 (a). Three categories, agriculture, horticulture and forestry, are allowed. Those categories are described below. To qualify, the land in question must meet one of those categories.

AGRICULTURE

Agriculture land consisting of one or more tracts, one of which consist of at least ten (10) acres that are in actual production and that for the three years preceding January 1 of the year for which benefit is claimed, have produced an average gross income of at least \$1,000.

HORTICULTURE

Horticulture land consisting of one (1) or more tracts, one (1) of which consists of at least five (5) acres that are in actual production and that for the three (3) years preceding January 1 of the year for which benefit is claimed have produced an average gross income of at least \$1,000.

FORESTRY

Forestry land consists of one or more tracts, one of which consists of at least twenty (20) acres that is in actual production and is under a sound management program. For purposes of this category, a sound management program means a program of production designed to obtain the greatest net return from the land consistent with its conservation and long-term improvement.

ADDITIONAL QUALIFICATION CRITERIA

Rent received shall not be considered as income for purposes of this exemption. Gross income must be from the sale of agricultural products produced from the land and any payments received from a governmental soil conservation or land retirement program. Any use of farm property for non-farm purposes is subject to all applicable ordinances of Harnett County.

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # 15-50036705

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: William E. Byrd Family Limited Partnership Date: 7-24-15

Site Address: _____ Phone: 252-341-3558

Directions to job site from Lillington: 421 toward SAUFORD, Right on Hollys Springs Rd. TAKE left Past Hollys Springs Church on Hollies Pines Rd. Site at end of Hollies Pines Rd

Subdivision: _____ Lot: _____

Description of Proposed Work: Multi-Purpose Farm Buidy

Heated SF 1200 Unheated SF 1200

General Contractor Information: Building Cost \$ 160,000.00

Jett Byrd - Owner
Building Contractor's Company Name

252-341-3558
Telephone

Same
Address

JBYRDWEBFLP@GMAIL.COM
Email Address

3507 Cemetery Rd, Sauford, N.C.
Signature of Owner/Contractor/Officer(s) of Corporation

N/A
License #

Electrical Contractor Information: Electrical Cost \$ 1300.00

Description of Work ELECTRIC TO FARM Buidy Service Size: 200 Amps #T-Poles _____

Jett Byrd
Electrical Contractor's Company Name

252-341-3558
Telephone

4920 EASTERN Pines Rd
Address

JBYRD@JBYRDWEBFLP@GMAIL.COM
Email Address

Greenville, N.C. 27853 No JMB
Signature of Owner/Contractor/Officer(s) of Corporation

20682
License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

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**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation _____

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: William E. Byrd Family Limited Partnership

Sign w/Title: William E. Byrd, General Partner Date: 7-24-15

| Selected Parcels Feature | |
|--------------------------|-----------------------------------|
| Parcel Identification | |
| PIN | 9692-70-9815.000 |
| [ParcelNumber] | 139692 0014 78 |
| [REID] | 0057210 |
| Owner Information | |
| [AccountNumber] | 1400017550 |
| [Name1] | BYRD WILLIAM E FAMILY LIMITED |
| [Name2] | PARTNERSHIP |
| [Address1] | |
| [Address2] | 3507 CEMETERY ROAD |
| [Address3] | |
| [City] | SANFORD |
| [State] | NC |
| [ZipCode] | 27332-0000 |
| Assessment Data | |
| [ParcelBuildingValue] | |
| [ParcelObxValue] | |
| [ParcelLandValue] | 50000 |
| [TotalAssessedValue] | 6160 |
| Property Information | |
| [StreetDirection] | |
| [UnitNumber] | |
| [HouseNumber] | |
| [StreetName] | HOLLIES PINES |
| [StreetType] | RD |
| [StreetSuffix] | |
| Legal Description | |
| [LegalDescription] | LT#14 TURKEY TROT II MAP#2002-301 |
| [LegalLandUnits] | 10.01 |
| [LegalLandType] | AC |
| GIS Calc Acres | 9.48957278 |
| [PlatBook] | 2002 |
| [PlatPage] | 0301 |
| Structure Data | |
| [ActualYearBuilt] | |
| [TotalAcutalAreaHeated] | |
| Sales Information | |
| [DeedBook] | 03056 |
| [DeedPage] | 0679 |
| [DeedDate] | 2012-11-19 19:00:00 |
| [SaleYear] | 2012 |
| [SalePrice] | |
| Parcel Links | |
| Zoning Overlay | 139692 0014 78 |
| Soils Overlay | 139692 0014 78 |
| PRC | 139692 0014 78 |

Producer Farm Data Report

Crop Year: 2015

Date: 1/29/15 1:59 PM

Page: 1

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Producer Name and Address

Recording County Office Name

WILLIAM E BYRD FAMILY LIMITED PARTNERSHIP
 3507 CEMETERY RD
 SANFORD NC 27332-6849

Hammett, North Carolina

Telephone: (919) 775-5229

| Number of Farms | Number of Tracts | Farmland | Cropland | DCP Cropland | CRP Cropland | DCP Cropland | CRP Cropland | Eff DCP Cropland | Eff DCP Cropland |
|-----------------|------------------|----------|----------|--------------|--------------|--------------|--------------|------------------|------------------|
| 1 | 2 | 390.92 | 15.63 | 15.63 | 0.0 | 15.63 | 0.0 | 15.63 | 0.0 |

PINES Rd

HOLLIES 1275

| State & County | Farm | Tract | Owner | Relationship to Farm | Producer | Farmland | Cropland | DCP Cropland | CRP Cropland | DCP Cropland | CRP Cropland | Eff DCP Cropland | Eff DCP Cropland | HEL Code | Wetland Code |
|----------------|-------|-------|-------|----------------------|-------------------------------|----------|----------|--------------|--------------|--------------|--------------|------------------|------------------|----------|--------------|
| Hammett, NC | 14817 | 9989 | Owner | Owner | WILLIAM E BYRD FAMILY LIMITED | 288.3 | 0.37 | 0.37 | 0.0 | 0.37 | 0.0 | 0.37 | 0.0 | N | N |
| | | 10379 | Owner | Owner | WILLIAM E BYRD FAMILY LIMITED | 101.62 | 15.26 | 15.26 | 0.0 | 15.26 | 0.0 | 15.26 | 0.0 | SA | N |

3/1/15

\$600

*V.C @ Inspections Office
 @ Deep Bottoms
 West
 910 893-7525
 X3
 Christmas to Register
 No 5*

HARNETT COUNTY CANA
WEBVIEWER

1/29/2015 3:16:52 PM

BYRD WILLIAM E FAMILY LIMITED PARTNERSHIP

HOLLIES PINES RD
1400017550

BOONE TRAIL EMR ADVALOREM TAX (100), COUNTY WIDE ADVALOREM TAX (100)

Reval Year: 2009 Tax Year: 2015
LT#14 TURKEY TROT II MAP#2002-301

Return/Appeal Notes: 13-9692- -0014- -78
UNIQ ID 274703
ID NO: 9692-70-9815.000

CARD NO. 1 of 1

10.010 AC

SRC=

TW-13

C- EX-AT-

LAST ACTION

20110126

Appraised by 14 on 01/01/2009 01361 TURKEY TROT

| CONSTRUCTION DETAIL | | MARKET VALUE | | | | | | DEPRECIATION | | | CORRELATION OF VALUE | | | | | | | | |
|-------------------------|----------|---------------------------------|-----------|-----------|-------------------|-------------|-----------|--|-------------|------------|----------------------|-----------------|------------------|-----------|--------------|---------------------|------------|------------|-------------------|
| TOTAL POINT VALUE | USE | MOD | EFF. Area | QUAL | BASE RATE | RCN | EYS | AYS | CREDENCE TO | | | | | | | | | | |
| | 01 | 00 | | | | | | | % GOOD | | | | | | | | | | |
| BUILDING ADJUSTMENTS | | TYPE: SINGLE FAMILY RESIDENTIAL | | | | | | DEPR. BUILDING VALUE - CARD | | | | | | | | | | | |
| TOTAL ADJUSTMENT FACTOR | | STORIES: | | | | | | DEPR. OB/XF VALUE - CARD | | | | | | | | | | | |
| TOTAL QUALITY INDEX | | | | | | | | MARKET LAND VALUE - CARD 50,000 | | | | | | | | | | | |
| | | | | | | | | TOTAL MARKET VALUE - CARD 50,000 | | | | | | | | | | | |
| | | | | | | | | TOTAL APPRAISED VALUE - CARD 50,000 | | | | | | | | | | | |
| | | | | | | | | TOTAL APPRAISED VALUE - PARCEL 50,000 | | | | | | | | | | | |
| | | | | | | | | TOTAL PRESENT USE VALUE - PARCEL 6,160 | | | | | | | | | | | |
| | | | | | | | | TOTAL VALUE DEFERRED - PARCEL 43,840 | | | | | | | | | | | |
| | | | | | | | | TOTAL TAXABLE VALUE - PARCEL 6,160 | | | | | | | | | | | |
| | | | | | | | | PRIOR | | | | | | | | | | | |
| | | | | | | | | BUILDING VALUE | | | | | | | | | | | |
| | | | | | | | | OBXF VALUE | | | | | | | | | | | |
| | | | | | | | | LAND VALUE 34,000 | | | | | | | | | | | |
| | | | | | | | | PRESENT USE VALUE | | | | | | | | | | | |
| | | | | | | | | DEFERRED VALUE | | | | | | | | | | | |
| | | | | | | | | TOTAL VALUE 34,000 | | | | | | | | | | | |
| PERMIT | | | | | | | | | | | | | | | | | | | |
| CODE | | DATE | | NOTE | | NUMBER | | AMOUNT | | | | | | | | | | | |
| ROUT: WTRSHD: | | | | | | | | | | | | | | | | | | | |
| SALES DATA | | | | | | | | | | | | | | | | | | | |
| OFF. RECORD | | DATE | | DEED TYPE | | O/U/W/I | | INDICATE SALES PRICE | | | | | | | | | | | |
| BOOK PAGE | | NO. YR | | | | | | | | | | | | | | | | | |
| 01958 0194 | | 7 2004 | | DE | | A V | | | | 320000 | | | | | | | | | |
| 01359 0327 | | 6 1995 | | WD | | A V | | | | 0 | | | | | | | | | |
| HEATED AREA | | | | | | | | | | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | | | | | | |
| SUBAREA | | GS | RPL | CODE | QUALITY | DESCRIPTION | LTH | WTH | UNITS | UNIT PRICE | ORIG % COND | BLDG# | L/B | SIZE FACT | AYEYS | ANN DEP RATE | % OVR | COND | OB/XF DEPR. VALUE |
| TYPE | | AREA | % | CS | TOTAL OB/XF VALUE | | | | | | | | | | | | | | |
| FIREPLACE | | | | | | | | | | | | | | | | | | | |
| SUBAREA | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |
| BUILDING DIMENSIONS | | | | | | | | | | | | | | | | | | | |
| LAND INFORMATION | | | | | | | | | | | | | | | | | | | |
| HIGHEST AND BEST USE | USE CODE | LOCAL ZONING | FRON TAGE | DEPTH | DEPTH / SIZE | LND MOD | COND FACT | OTHER ADJUSTMENTS AND NOTES | | | ROAD TYPE | LAND UNIT PRICE | TOTAL LAND UNITS | UNT TYP | TOTAL ADJUST | ADJUSTED UNIT PRICE | LAND VALUE | LAND NOTES | |
| SFR | 0100 | | 0 | 0 | 1.0000 | 0 | 1.0000 | | | | | 50,000.00 | 1.000 | LT | 1.000 | 50,000.00 | 50,000 | | |
| TOTAL MARKET LAND DATA | | | | | | | | | | | | | | | | | | | |
| FRST I | 8510 | | 0 | 0 | 1.0000 | 5 | 1.0000 | | | | | 615.00 | 10.010 | AC | 1.000 | 615.00 | 6150 | | |
| TOTAL PRESENT USE DATA | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 6,160 | |

PASCO

Harnett County, NC vbrown (Sign Out)

| | | | |
|---------------------------------------|---|---------------------|--------|
| Parcel #: 13-9692- -0014- -78- | Use: 01 Model: 00 Zoning: | Building Value (0): | 0 |
| Account #: 1400017550 | Neighborhood: 01361 - TURKEY TROT | Outbuilding Value: | 0 |
| Name 1: BYRD WILLIAM E FAMILY LIMITED | Legal: LT#14 TURKEY TROT II MAP#2002-301 | Land Value: | 50,000 |
| Name 2: PARTNERSHIP | Land Units: 10.010 AC Reference Bk:03056 Pg:0679 11/20/2012 | | |
| Exclusions: | Last Update: mharper 1/26/2011 | Market Value: | 50,000 |
| Tax Year: 2015 - 38292 | Township: 13 | Deferred Value: | 43,840 |
| Address: HOLLIES PINES RD | Tax Codes: C, FR21 | Taxable Real Value: | 6,160 |

Parcel Comments (0) Card View On Map

General Land OBXF Building Value Summary Ancestry History Photos Workflow

Previous Parcel(1) Next Parcel(2) Return to PASCO(3)

You are in VIEW ONLY mode.

General Information

| | |
|-----------------------------------|---------------------------|
| Neighborhood: 01361 TURKEY TROT | TR1 Category: |
| Appraisal Date: 01/01/2009 | Effective Tax Year: 2005 |
| Appraiser: 14 bbeasley | Taxes Cleared: |
| Notice Code: | Mortgage Holder: |
| Information Source: | Mortgage Loan #: |
| Use: 01 SINGLE FAMILY RESIDENTIAL | Tax Exempt: |
| Model: 00 VACANT | Tax Exempt Date: |
| Date Visited: | Alternate Identifier: PIN |
| Visited By: | 9692-70-9815.000 |
| Date Reviewed: | Paid By Escrow: |
| Reviewed By: | Mail Code: |
| Date Listing Form Printed: | Listing Status: U |
| Date Listing Received: | Status: |
| Date Listing Processed: | Routing Number: |
| | Watershed Code: |

Mask Values For Public Access:

Card Notes:

Property Address

| HOUSE # | UNIT # | DIRECTION | STREET NAME | TYPE | SUFFIX | MUNICIPALITY | PRIMARY | DEL |
|---------|--------|-----------|---------------|------|--------|--------------|----------------------------------|-----------------------|
| | | | HOLLIES PINES | RD | | | <input checked="" type="radio"/> | <input type="radio"/> |

Property Address Lookup

| | |
|--|---|
| Prior | Legal |
| Prior Owner Account: 1307291000 ANDREWS DONALD F 1/3 INT & | Legal Land Type: AC Acres |
| Prior Land Type: AC Acres | Legal Land Units: 10.010 <input type="checkbox"/> Add 9900 Land Line: |
| Prior Land Units: 10.010 | Description: LT#14 TURKEY TROT II MAP#2002-301 |
| Prior Land Value: 34,000 | Historic: |
| Prior Special Land Value: 0 | Plat Book: 2002 |
| Prior Deferred Value: 0 | Plat Page: 0301 |
| Prior Building Value: 0 | Calculated Land Units: 0.000 |
| Prior OBXF Value: 0 | Calculated Land Type: |
| Prior Total Value: 34,000 | |

Parcel Owners

| NAME | ADDRESS1 | ADDRESS2 | ADDRESS3 | CITY | STATE | ZIP | PRIMARY | SECONDARY |
|-------------------------------|--------------------|----------|----------|---------|-------|-------|-------------------------------------|-------------------------------------|
| BYRD WILLIAM E FAMILY LIMITED | 3507 CEMETERY ROAD | | | SANFORD | NC | 27332 | <input checked="" type="checkbox"/> | |
| PARTNERSHIP | 3507 CEMETERY ROAD | | | SANFORD | NC | 27332 | | <input checked="" type="checkbox"/> |
| WILLIAM E BYRD FAMILY LIMITED | | | | | | 27332 | | |

Parcel Permits

| CODE | DATE | NOTE | PERMIT NUMBER | AMOUNT | WORK TYPE |
|------|------|------|---------------|--------|-----------|
|------|------|------|---------------|--------|-----------|

NO PERMITS DATA FOUND FOR THIS PARCEL.

Sales

| BOOK | PAGE | SALE DATE | INSTRUMENT TYPE | QUALIFIED/UNQUALIFIED | FINANCE TYPE | SALES PRICE | IMPROVED | TRANSFER/SPLIT | VIEW |
|-------|------|------------|--------------------|--|--------------|-------------|----------|----------------|------|
| 03056 | 0679 | 11/20/2012 | ES - EASEMENT | X - OTHER | | 0 | | | |
| 01958 | 0194 | 7/19/2004 | DE - DEED | A - INCLUDES THE CONVEYANCE OF TWO (2) OR MORE PARCELS | | 320000 | | T | |
| 01359 | 0327 | 6/18/1999 | WD - WARRANTY DEED | A - INCLUDES THE CONVEYANCE OF TWO (2) OR MORE PARCELS | | 0 | | S | |

Tracking

| TRACKING ITEM | DATE | COMMENT |
|---|------|---------|
| NO TRACKING DATA FOUND FOR THIS PARCEL. | | |

Locations

Tax Codes

| LOCATION CATEGORY | LOCATION | CATEGORY | TAX CODE | COUNT/PERCENTAGE |
|-------------------|-----------------------|----------|--------------------------------|------------------|
| TOWNSHIP-TOWNSHIP | 13 UPPER LITTLE RIVER | COUNTY | C ADVL TAX : COUNTY WIDE | 100 |
| CITY-CITY | | FIRE | FR21ADVL TAX : BOONE TRAIL EMR | 100 |

City:

Other Comments

SPLIT FROM -08 PER MAP ALSO SEE MAP#2004-532

Attachments

ATTACHMENTS

No Records to Return
Key 274703

[Job Status](#) [My Preferences](#)

Version: 1.0.270.9476

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: KGOINS Type: CP Drawer: 1
Date: 7/24/15 51 Receipt no: 28112

| Year | Number | Amount |
|----------------------|----------|----------|
| 2015 | 50036705 | |
| 92941 TECH 4 | | |
| LILLINGTON, NC 27546 | | |
| B4 | | |
| BP - ENV HEALTH FEES | | |
| NEW SEPTIC | | |
| | | \$750.00 |

WILLIAM J BYRD

| | |
|----------------|----------|
| Tender detail | |
| CP CREDIT CARD | \$750.00 |
| Total tendered | \$750.00 |
| Total payment | \$750.00 |

Trans date: 7/24/15 Time: 8:53:36

** THANK YOU FOR YOUR PAYMENT **

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: William E Byrd Family L.L.C. d/b/a Peltor Phone: 252-341-3558

Owner (s) Mailing Address: 3507 CEMETARY RD
SANFORD, N.C. 27332

Land Owner Name (s): SAME AS ABOVE Phone: 252-341-3558

Construction or Site Address: _____

PIN # 9692-70-9815-000 Parcel # 139692 0014 78

Job Cost: 2,000.00 Description of Work to be done wiring building & T-pole
pin 9692-70-9815-000 parcel 139692 0014 78

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other T-pole
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:
421 toward SANFORD, TAKE RIGHT ON Hollys Springs Rd
go past Church, TAKE LEFT ON Hollys Pines Rd.
Turn on Right AT END OF Hollys Pines Rd.

Subdivision: Turkey Trot Lot #: 14

I William Jeffrey Byrd will provide the ELECTRICAL / Plumber - owner labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20682, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

JEFF Byrd
Contractor's Company Name

4920 EASTERN PINES RD, GREENVILLE, N.C
Address 27858

20682
License #

252-341-3558
Telephone

JBYRDWEBFLP@GMAIL.COM
Email Address

Structure Owner / Contractor Signature: W. Jeffrey Byrd Date: 8-21-15

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

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 15-50036705 Date 8/21/15
Property Address TURKEY PATH RD LOT 14
PARCEL NUMBER 13-9692- - -0014- -78-
Application type description CP FARM BUILDING/ETC.
Subdivision Name
Property Zoning PENDING

Owner Contractor

BYRD WILLIAM E FAMILY LIMITED OWNER
PARTNERSHIP
3507 CEMETARY RD
SANFORD NC 27330

Applicant

BYRD JEFF
3507 CEMETARY RD
SANFORD NC 27332
(252) 351-3558

--- Structure Information 000 000 FARM BUILDING FOR MULTI PURPOSE ONLY
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE FARM BUILDING
SEPTIC - EXISTING? NEW SEPTIC
WATER SUPPLY COUNTY

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code . 1105162
Issue Date 8/21/15 Valuation 0
Expiration Date . . 8/20/16

Permit RESIDENTIAL PLUMBING PERMIT
Additional desc
Phone Access Code . 1105170
Issue Date 8/21/15 Valuation 0
Expiration Date . . 8/20/16

Permit TEMPORARY ELECTRICAL PERMIT
Additional desc . . T-POLE
Phone Access Code . 1105147
Issue Date 8/21/15 Valuation 0
Expiration Date . . 8/20/16

Special Notes and Comments
T/S: 07/24/2015 08:47 AM KGOINS ----

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 | 15-50036705 | Page | 2 |
| | | Date | 8/21/15 |

Special Notes and Comments
TAKE 421 TOWARD SANDORD T/R ON HOLLY
SPRINGS CHURCH RD GO PAST HOLLY SPRINGS
CHURCH T/L ONTO HOLLIES PINES RD SITE
ON RIGHT AT THE END OF HOLLIE PINES RD

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 | 15-50036705 | Page | 3 |
| Property Address | TURKEY PATH RD LOT 14 | Date | 8/21/15 |
| PARCEL NUMBER | 13-9692- - -0014- -78- | | |
| Application description . . . | CP FARM BUILDING/ETC. | | |
| Subdivision Name | | | |
| Property Zoning | PENDING | | |

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|---|-------------|-----------|--------------------------|----------|----------|
| Permit type RESIDENTIAL ELECTRICAL PERMIT | | | | | |
| 999 | 213 | E213 | R*ELECTRICAL UNDERGROUND | _____ | __/__/__ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | __/__/__ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | __/__/__ |
| Permit type RESIDENTIAL PLUMBING PERMIT | | | | | |
| 999 | 307 | P307 | R*PLUMB WATER CONNECTION | _____ | __/__/__ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | __/__/__ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | __/__/__ |
| Permit type TEMPORARY ELECTRICAL PERMIT | | | | | |
| 999 | 207 | E207 | R*ELEC TEMP SERVICE POLE | _____ | __/__/__ |

Application # 36765

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Jerry Taylor will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Craven Mechanical
Contractor's Company Name

252-378-5523
Telephone

Address _____
070908
License #

Email Address _____

Structure Owner / Contractor Signature: [Signature] Date: 2-11-16

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

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 | 15-50036705 | Page | 2 |
| Property Address | TURKEY PATH RD LOT 14 | Date | 2/11/16 |
| PARCEL NUMBER | 13-9692- - -0014- -78- | | |
| Application description . . . | CP FARM BUILDING/ETC. | | |
| Subdivision Name | | | |
| Property Zoning | PENDING | | |
| Permit | RESIDENTIAL MECHANICAL PERMIT | | |
| Additional desc . . . | | | |
| Phone Access Code . | 1126135 | | |

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|-----|-------------|-----------|--------------------------|----------|-------------|
| 999 | 409 | M409 | R*GAS PIPING | _____ | ___/___/___ |
| 999 | 407 | M407 | R*MECH ABOVE CEILING | _____ | ___/___/___ |
| 999 | 405 | M405 | R*MECHANICAL UNDERGROUND | _____ | ___/___/___ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | ___/___/___ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |

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 | 15-50036705 | Date | 2/11/16 |
| Property Address | TURKEY PATH RD LOT 14 | | |
| PARCEL NUMBER | 13-9692- - -0014- -78- | | |
| Application type description | CP FARM BUILDING/ETC. | | |
| Subdivision Name | | | |
| Property Zoning | PENDING | | |

Owner

BYRD WILLIAM E FAMILY LIMITED
 PARTNERSHIP
 3507 CEMETARY RD
 SANFORD NC 27330

Contractor

JERRY TAYLOR
 PO BOX 30015
 GREENVILLE NC 27833
 (252) 378-5523

Applicant

BYRD JEFF
 3507 CEMETARY RD
 SANFORD NC 27332
 (252) 351-3558

--- Structure Information 000 000 FARM BUILDING FOR MULTI PURPOSE ONLY

| | | |
|-----------------------------|--------------------|---------------|
| Flood Zone | FLOOD ZONE X | |
| Other struct info | PROPOSED USE | FARM BUILDING |
| | SEPTIC - EXISTING? | NEW SEPTIC |
| | WATER SUPPLY | COUNTY |

Permit RESIDENTIAL MECHANICAL PERMIT

| | | | |
|-----------------------------|---------|---------------------|---|
| Additional desc | | | |
| Phone Access Code | 1126135 | | |
| Issue Date | 2/11/16 | Valuation | 0 |
| Expiration Date | 2/10/17 | | |

Special Notes and Comments

T/S: 07/24/2015 08:47 AM KGOINS ----
 TAKE 421 TOWARD SANDORD T/R ON HOLLY
 SPRINGS CHURCH RD GO PAST HOLLY SPRINGS
 CHURCH T/L ONTO HOLLIES PINES RD SITE
 ON RIGHT AT THE END OF HOLLIE PINES RD
