

Initial Application Date: 2-10-16

Application # 1656038001

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits  
CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

**\*\*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: 28768 Contact No: 919 3530370 Email: Lyonp@windstream.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: n/a (589 Buchanan Rd. Lillington, NC) Lot #: 200 Lot Size: 2 ac  
State Road # 1242 State Road Name: Buchanan Rd. Map Book & Page: 99, 458  
Parcel: 030507 0024 01 PIN: 0508-60-3686-600 8566.000  
Zoning: R130 Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book & Page: 3359, 701 Power Company\*: Duke Energy

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

**PROPOSED USE:**

- SFD: (Size 57' x 56') # Bedrooms: 3 # Baths: 2 Basement(w/w 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)
- Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w 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:**

	Minimum	Actual
Front	<u>35'</u>	<u>55'</u>
Rear	<u>35'</u>	<u>60'</u>
Closest Side	<u>10'</u>	<u>61.3'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NAME: Lyon Builders Inc.

APPLICATION #: 388001

**\*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 # 014113

**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.

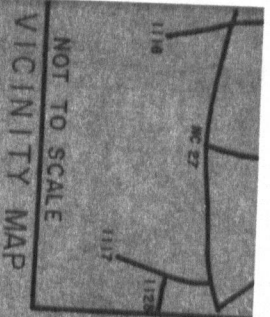
**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.**

**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.**

[Signature]  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-9-16  
DATE





NOT TO SCALE

VICINITY MAP

JOHNNY FAIRCLOTH  
D.B. 32971, PG. 1  
P.C. E, SL. 100-A

GREG L. CHRISTIAN  
D.B. 1840, PG. 16  
P.C. 2, SL. 222

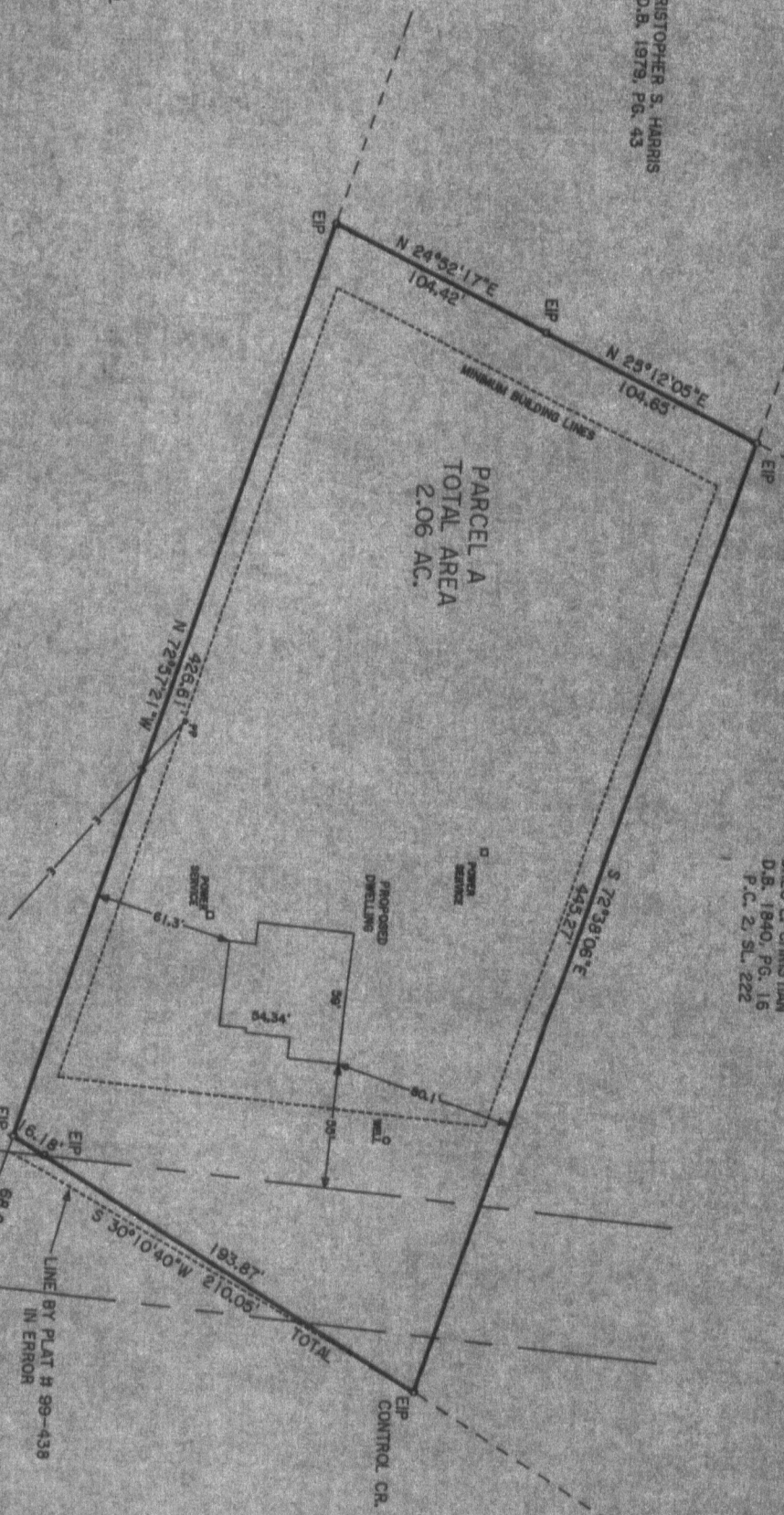
CHRISTOPHER S. HARRIS  
D.B. 1979, PG. 43

NORTH BY  
MAP # 99-458



MINIMUM BUILDING SETBACKS  
FRONT - 35'  
SIDELINES - 10'  
REAR - 25'

PARCEL A  
TOTAL AREA  
2.06 AC.



NOTE: THIS SURVEY IS EXEMPT FROM HARNETT COUNTY  
SUBDIVISION REGULATIONS BY DEFINITION.

COUNTY PLANNER

DATE

DORTHY C. HALES  
95E/376  
D.B. 396, PG. 565

10°44'E 383.20'

BUCHANAN ROAD S.  
60' R/W (PAVED)

CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION

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 2-2-16  
Site Address 589 Buchanan Rd. Lillington NC Phone 919 353 0370  
Directions to job site from Lillington  Hwy 27 West to Western Harnett High School turn right on Buchanan job on left

Subdivision N/A Lot \_\_\_\_\_  
Description of Proposed Work New Construction # of Bedrooms 3  
Heated SF 1 Unheated SF \_\_\_\_\_ Finished Bonus Room? Yes Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Lyon Builders Inc. 919 353 6370  
Building Contractor's Company Name Telephone  
P.O. Box 569 Olin, NC 28368 lyonp@windstream.net  
Address Email Address  
56754

**Electrical Contractor Information**

Description of Work Wired & Pace Electrical Service Size 200 Amps T-Pole  Yes  No  
614 Leslie Rd. Sanford, NC 919-499-3946  
Electrical Contractor's Company Name Telephone  
Address Email Address  
12007

**Mechanical/HVAC Contractor Information**

Description of Work Sandhills Factory & Air  
HVAC 910-690-6271  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1341 Southern Pines NC  
Address 30377 28388 Email Address  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
Gilbert Plumbing 910-214-1274  
Plumbing Contractor's Company Name Telephone  
1638 Timothy Road Dumas, NC  
Address Email Address  
10929


**Insulation Contractor Information**

Tri-City Ins. 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

2-2-16  
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 Lyon Builders

Sign w/Title  Date 2-2-16

Plan Box # AI

Date 2-10-16

Job Name Lyon Builders Inc

App # 1650038001

Valuation \$232255

Heated SQ Feet 2190

Garage 598

2785

**Inspections for SFD/SFA**

Crawl  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 NO      exist  
Envir. Health septic Other \_\_\_\_\_

**Additions / Other**

22015

- 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.

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Application Number . . . . .	16-50038001	Date	3/02/16
Property Address . . . . .	67748 *UNASSIGNED		
PARCEL NUMBER . . . . .	03-0507- - -0024- -01-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Owner

-----

LYON BUILDERS INC  
 PO BOX 569  
 OLIVIA NC 28368

Contractor

-----

LYON BUILDERS INC  
 PO BOX 569  
 CAMERON NC 28326  
 (919) 498-2074

Applicant

-----

LYON PAUL  
 PO BOX 569  
 OLIVIA NC 28368  
 (919) 353-0370

--- Structure Information 000 000 57X56 3BDR W/GARAGE CRAWL

Flood Zone . . . . .	FLOOD ZONE X	
Other struct info . . . . .	# BEDROOMS	3.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	EXIST
	WATER SUPPLY	COUNTY

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Permit . . . . .	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1128552		
Issue Date . . . . .	3/02/16	Valuation . . . . .	0
Expiration Date . . . . .	3/02/17		

Special Notes and Comments

T/S: 02/10/2016 12:50 PM LBENNETT --  
 589 BUCHANAN RD  
 HWY 27 WEST TURN RIGHT ON BUCHANAN RD -  
 PROPERTY ON THE LEFT (ACROSS FROM  
 WESTERN HARNETT HIGH SCHOOL)  
 XXX  
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
 INSULATION AND LAND USE.  
 XXX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

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\_\_\_\_\_

\_\_\_\_\_



HARNETT COUNTY CENTRAL PERMITTING

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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 . . . . .	1128552		

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	_____	___/___/___