

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 1910215

Filed on: 05/03/2023

Initially filed by: timhawkes

### Designated Lien Agent

Chicago Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) [www.liensnc.com](http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /  
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) [support@liensnc.com](mailto:support@liensnc.com)

### Project Property

553-Farrar Dairy Rd  
Lillington, NC 27546  
Harnet 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 Information

Timothy A Hawkes  
650 Posey Farm Road  
Raeford, NC 28376  
United States  
Email: [Hawkes4088@gmail.com](mailto:Hawkes4088@gmail.com)  
Phone: 910-850-8468

### Date of First Furnishing

05/12/2023

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

LINE	BEARING	DISTANCE
1	S 27° 42' 21" E	139.94
2	N 27° 14' 21" W	139.94
3	S 77° 17' 24" E	358.91
4	N 44° 15' 06" E	31.58
5	N 43° 32' 58" E	1.33
6	N 44° 36' 38" E	299.82
7	S 33° 00' 33" E	289.89
8	S 67° 14' 24" W	48.22
9	S 67° 14' 24" W	48.22
10	N 30° 42' 34" E	48.22
11	N 30° 42' 34" E	48.22

LINE	BEARING	DISTANCE
C1	S 11° 16' 53" E	167.50
C2	S 28° 45' 11" E	460.55
C3	S 16° 07' 44" E	112.38
C4	N 16° 02' 51" W	407.18
C5	N 51° 50' 47" W	181.86
C6	S 02° 13' 05" W	202.07
C7	S 06° 58' 48" E	20.41
C8	S 24° 08' 12" W	82.08
C9	S 58° 44' 16" W	82.41
C10	N 41° 14' 28" E	20.41
C11	N 02° 11' 09" E	178.31

THE DIVISION OF PROPERTY IS EXEMPT FROM THE SUBDIVISION REGULATIONS WITHIN THE HANNETT COUNTY UNPAID DEVELOPMENT ORDINANCE.

*Shirley Bonif*  
 REVIEW OFFICER

DATE: 11/13/2020

STATE OF NORTH CAROLINA, HANNETT COUNTY  
 REVIEW OFFICE OF HANNETT COUNTY  
 COUNTY CENTER THAT THIS MAP OR PLAN TO WHICH THE CERTIFICATION IS APPLIED MEETS ALL STATUTORY REQUIREMENTS FOR RECORD.

*Shirley Bonif*  
 REVIEW OFFICER

DATE: 6-3-2020

AGENTS E. MORRIS, P.L.S. CERTIFY THAT THIS SUBDIVISION OF LAND AND INTEREST THEREIN HAS BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF THE CONSERVATION ZONING ACT AND THE HANNETT COUNTY UNPAID DEVELOPMENT ORDINANCE.

AGENTS E. MORRIS, P.L.S. CERTIFY THAT THIS SURVEY CREATES LOTS MORE THAN TO ACQUIRE WITH NO NEW RIGHT OF WAY REDUCTION AND THEREFORE IS AN EXCEPTION TO THE DEFINITION OF A SUBDIVISION.

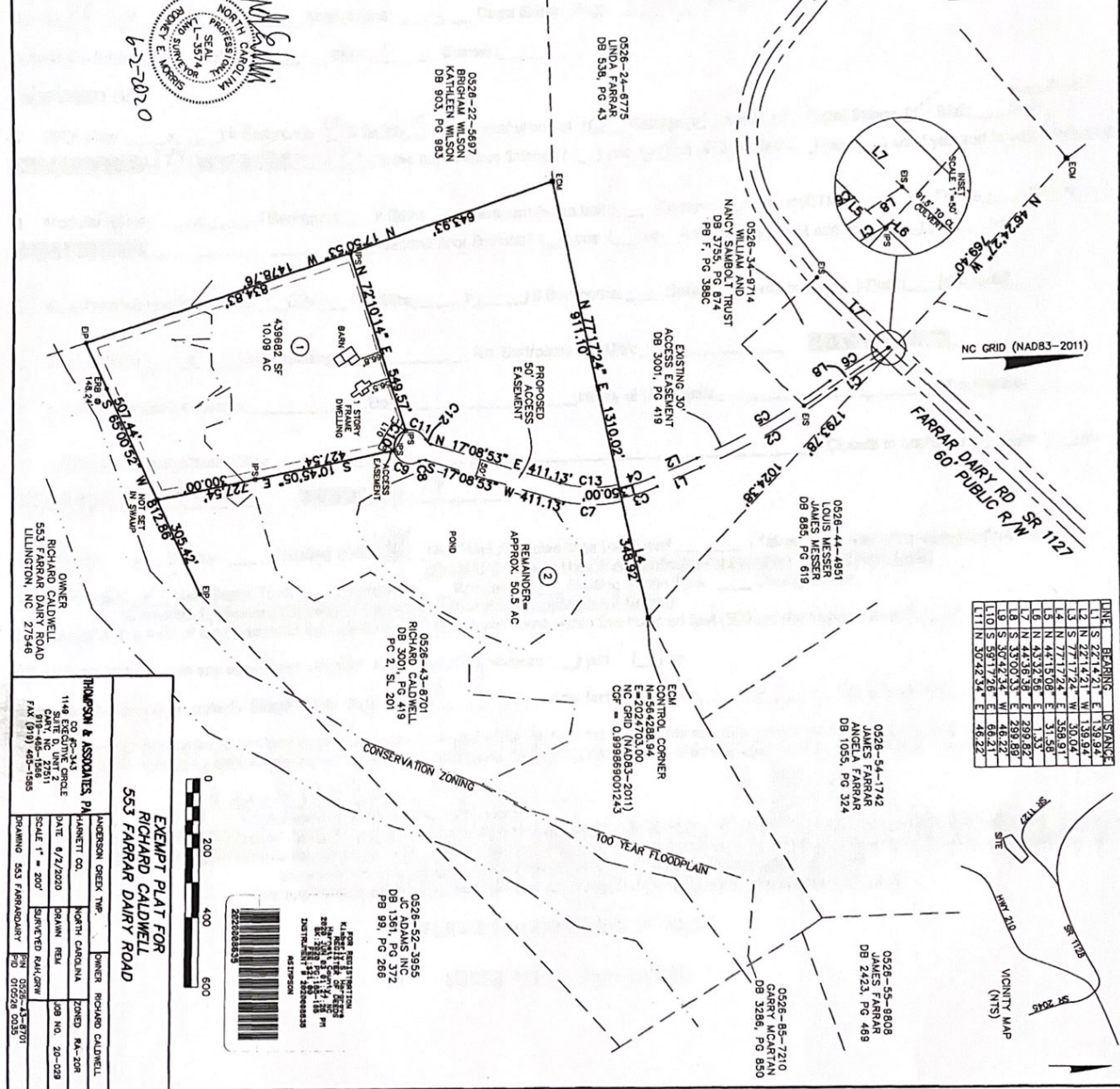
AGENTS E. MORRIS, P.L.S. CERTIFY THAT THIS SURVEY WAS DRAWN UNDER THE SUPERVISION OF AN ENGINEER LICENSED IN THE STATE OF NORTH CAROLINA AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

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**EXEMPT PLAN FOR RICHARD CALDWELL**  
 553 FARRAR DAIRY ROAD

**RICHARD CALDWELL**  
 OWNER

**HANNETT COUNTY**  
 NORTH CAROLINA

**DATE:** 6/2/2020  
**SCALE:** 1" = 200'

**FOR REGISTRATION:**  
 K.L. BERRY, P.L.S.  
 200 S. 11th St., Suite 100  
 Raleigh, NC 27601  
 Phone: 919.971.1111  
 Fax: 919.971.1112

**PROFESSIONAL SEAL**  
 E. MORRIS, P.L.S.  
 6-3-2020

**OWNER:** RICHARD CALDWELL  
 553 FARRAR DAIRY ROAD  
 LILLINGTON, NC 27548

**AGENTS:** E. MORRIS, P.L.S.  
 1148 EXECUTIVE CIRCLE  
 CARY, NC 27511  
 Phone: 919.455.1885  
 Fax: 919.455.1885





Initial Application Date: \_\_\_\_\_

Application # \_\_\_\_\_

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Scott Caldwell Mailing Address: 553- Farrar Dairy Rd  
City: Lillington State: NC Zip: \_\_\_\_\_ Contact No: 210-850-3719 Email: \_\_\_\_\_

APPLICANT: PaTim, Inc. Mailing Address: 650 Posey Farm Rd  
City: Rae Ford State: NC Zip: 28376 Contact No: 910-850-8468 Email: hawkes4088@gmail.com

ADDRESS: 553- Farrar Dairy Rd PIN: 0526-43-8701  
Zoning: RA-20 Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: 3001-Page-419

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**PROPOSED USE:**

SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: 4 # Baths: 3 Basement(w/w bath)  Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
TOTAL HTD SQ FT 2991 GARAGE SQ FT 679 (Is the bonus room finished? ( ) yes (x) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

Modular: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
TOTAL HTD SQ FT \_\_\_\_\_ (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: \_\_\_\_\_ TOTAL HTD SQ FT \_\_\_\_\_

Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no  
TOTAL HTD SQ FT 2991 GARAGE 679

Water Supply:  County \_\_\_\_\_ Existing Well  New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final  
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply:  New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation \_\_\_\_\_ Existing Septic Tank \_\_\_\_\_ County Sewer  
(Complete Environmental Health Checklist on other side of application if Septic)

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 Manufactured Homes: 0 Other (specify): 0

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.

Tim Arthur Signature of Owner or Owner's Agent Date 4-30-23

**\*\*\*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\*\***

**APPLICATION CONTINUES ON BACK**

strong roots • new growth





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

**\*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**

THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT 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)

**Environmental Health New Septic System**

- **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.**

**Environmental Health Existing Tank Inspections**

- 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**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**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.**





Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Scott Caldwell Date 4-30-23  
Site Address: 553 - Farrar Dairy Rd - Lillington Phone 210-850-3919  
Subdivision: None Lot \_\_\_\_\_  
Description of Proposed Work: New home Total Job Cost 250,000.00

**General Contractor Information**

Patim, Inc. 910-850-8468  
Building Contractor's Company Name Telephone  
650 Posey Farm Rd - Raeford - NC hawkes4088@gmail.com  
Address Email Address  
60386 HEATED SQ FT 2991 GARAGE SQ FT 679  
License #

**Electrical Contractor Information**

Description of Work New house Service Size: 200 Amps T-Pole:  Yes  No  
Above + Beyond Elec. 910-736-6332  
Electrical Contractor's Company Name Telephone  
Parkton - NC \_\_\_\_\_  
Address Email Address  
34465-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New install  
J+M Heating & Air 910-897-5501  
Mechanical Contractor's Company Name Telephone  
724 - Turlington Rd - Dunn \_\_\_\_\_  
Address Email Address  
17164  
License #

**Plumbing Contractor Information**

Description of Work New install # Baths 3  
Steve Blue Plumbing 910-536-6362  
Plumbing Contractor's Company Name Telephone  
Wagram, NC \_\_\_\_\_  
Address Email Address  
33026  
License #

**Insulation Contractor Information**

Stornaway 910-988-4070  
Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner 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.

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

4-30-23  
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.

Sign w/Title: Tim Atkinson - owner-Builder    Date: 4-30-23



## Harnett County Department of Public Health Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Richard Scott Caldwell PROPERTY LOCATION: 553 Farrar Dairy Rd  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
 Type of Structure: SFD (64'x62')  
 Proposed Wastewater System Type: 25% Reduction System  
 Projected Daily Flow: 480 GPD  
 Number of bedrooms: 4 Number of Occupants: 8 max  
 Basement  Yes  No  
 Pump Required:  Yes  No  May be required based on final location and elevations of facilities  
 Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet Permit valid for:  Five years  
 No expiration  
 Permit conditions: \_\_\_\_\_

Authorized State Agent: *[Signature]* Date: 12/5/22 SEE ATTACHED SITE SKETCH  
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

## Construction Authorization (Required for Building Permit)

The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958 and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Richard Scott Caldwell PROPERTY LOCATION: 553 Farrar Dairy Rd  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 Facility Type: SFD (64'x62')  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* 25% Reduction System (Initial Wastewater Flow: 480 GPD)  
 (See note below, if applicable  25% Reduction System (Repair))

**Installation Requirements/Conditions**

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>100</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>18</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/- 1/4" in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: _____ inches below pipe
		_____ inches above pipe
		_____ inches total

Conditions: \_\_\_\_\_

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: *[Signature]* Date: 12/5/22  
 Construction Authorization Expiration Date: 12/5/27

Application # SFD2005-0030

## Harnett County Department of Public Health Site Sketch

Property Location: 553 Farrar Dairy Rd

Issued To: Richard Scott Caldwell

Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_

Authorized State Agent: \_\_\_\_\_

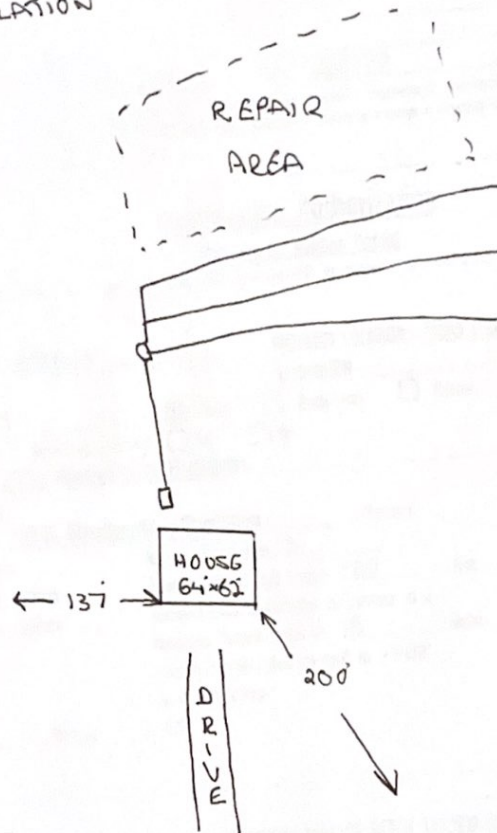
REHS (OLIVER TOLKSDORF)

Date: 12/5/22

\* SYSTEM FLAGGED

(10AC)

\* CALL w/ QUESTION  
PRIOR TO INSTALLATION



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.