

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 Diversified Investments INC. Date _____
Site Address 47 Hybrid Ln. Linden, NC Phone 910-346-9800
Directions to job site from Lillington South on 401, Turn right onto
W. Reeves BRIDGE Rd, Turn LEFT onto Will Lucas Rd, Turn LEFT
onto Hybrid Ln to lot 3
Subdivision Sweetwater Lot 3
Description of Proposed Work S.F.D. # of Bedrooms 4
Heated SF 1935' Unheated SF 551' Finished Bonus Room? NO Crawl Space _____ Slab

General Contractor Information

ATLANTIC CONSTRUCTION INC. 910-938-9053
Building Contractor's Company Name Telephone
7 Doris Ave. E. Jacksonville, NC 28540 aci@atlanticconstructioninc.com
Address Email Address
37596
License #

Electrical Contractor Information

Description of Work S.F.D. NEW Service Size 200 Amps T-Pole Yes _____ No
B + N Electric 910-487-5000 531-4913
Electrical Contractor's Company Name Telephone
5449 Hwy 2105 Stedman, NC 28391
Address Email Address
09622
License #

Mechanical/HVAC Contractor Information

Description of Work S.F.D. NEW
MARK-AIR INC. 910-484-6565
Mechanical Contractor's Company Name Telephone
P.O. Box 41104 Fayetteville, NC 28309-1104 Mail@mark-air.com
Address Email Address
15874
License #

Plumbing Contractor Information

Description of Work S.F.D. NEW # Baths _____
DELL HAIRE PLUMBING 910-429-9939
Plumbing Contractor's Company Name Telephone
7612 DOCUMENTARY DR. Fayetteville, NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
24204P-1
License #

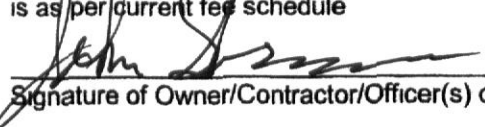
Insulation Contractor Information

A-1 INSULATION INC. P.O. Box 100 Hope Mills, NC 28348 910-850-3462
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

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

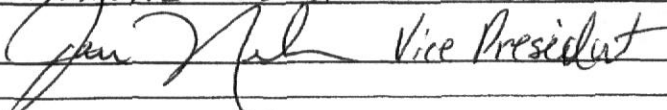
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

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 ATLANTIC CONSTRUCTION INC.

Sign w/Title

 Vice President

Date

 / /

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Investors Title Insurance Company

Mailing address of Agent 19 W. Hargett St Suite 507
Raleigh, NC 27601

Physical address of Agent same as above

Telephone 888-690-7384 Fax 919-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

Designated Lien Agent

Investors Title Insurance Company

1-888-690-7384

Entry Number: 2450

Filed by: SheilaTroup

Payment Amount: \$25.00

Filing Date: 04/10/2013

Owner Information

Diversified Investors, Inc.

P. O. Box 1685

Jacksonville NC 28540
bettyb@jlpnc.com 910-346-9800

Project Property

Lot 3, Sweetwater

47 Hybrid Lane Map: 2011470
Linden Block:
28356 Lot: 3
010544000411

Property Type: 1-2 Family Dwelling

Original Contractor

Atlantic Construction, Inc.

7 Doris Avenue East

Jacksonville NC 28540
sheila@atlanticconstructioninc. 910-938-9053
com

Date of First Furnishing

Pre-Permit Workers

None

sheila@atlanticconstructioninc.com

Atlantic Construction, Inc.
"Building Value"

7 Doris Ave. East
• Jacksonville, NC 28540
Ph. 910-938-9053 • Fax 910-347-0738

May 13, 2013

Harnett County Central Permitting
P. O. Box 68
Lillington, NC 27546

Re: Application #11-50027419
Parcel #010544 0004 11

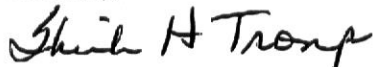
Gentlemen:

Please change the above permit for 47 Hybrid Lane, Linden, NC to show that the electrician has been changed to the following:

Lonnie Smith Electric, Inc.
P. O. Box 186
Fayetteville, NC 28318

The electrician will be forwarding onto you the new individual trade application. Please feel free to contact me should you have any questions.

Sincerely,



Sheila H. Troup
Administrative Manager

05/10/2013 12:59

9103470738

ATLANTIC CONSTRUCTIO

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Application # 27419

Harnett County Central Permitting
PC Box 55 Lillington, NC 27548 - Ph: 910-893-7826 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Atlantic Construction Inc Phone: 910 938-9053

Owner (s) Mailing Address: 7 Doris Avenue East
Jacksonville NC 28540

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # 11-50027419 Parcel # 010544000411

Job Cost 11,000.00 Description of Work to be done
wire new construction

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

Electrical: 200 Amp <200 Amp Service Charge 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 #: 3 sweetwater

I Lonnie Smith Elec Inc will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 2560662, 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.

Lonnie Smith Elec Inc
Contractor's Company Name
PO Box 186 Antyrville NC 28318
Address
256066-2
License #

Telephone
1selectrico2@yahoo.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 5-13-13

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