

09/09/11

Application #

1356030747

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 Investors Inc. Date
Site Address 105 Hybrid Ln 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 on Hybrid Ln To Lot 6
Subdivision Sweetwater Lot 6
Description of Proposed Work S.F.D. # of Bedrooms 3
Heated SF 1977 Unheated SF 561 Finished Bonus Room? [checked] Crawl Space Slab [checked]

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 [checked] Yes \_\_\_ No
B+N Electric (910) 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 28304-1104 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 #

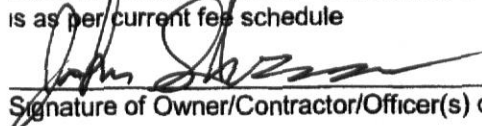
Insulation Contractor Information

A-1 Insulation Inc. Po Box 180 Hopeville NC 910-850-3462
Insulation Contractor's Company Name & Address 28548 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

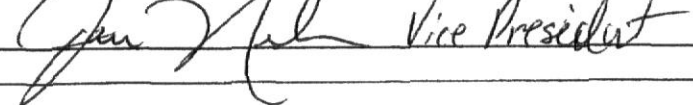
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

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Investors Title Insurance Company

1-888-690-7384

Entry Number: 2465

Filed by: SheilaTroup

Payment Amount: \$25.00

Filing Date: 04/10/2013

### Owner Information

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Diversified Investors, Inc.

P. O. Box 1685

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

### Project Property

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Lot 6, Sweetwater

105 Hybrid Lane Map: 2011-470  
Linden Block:  
28356 Lot: 6  
010544000414

Property Type: 1-2 Family Dwelling

### Original Contractor

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Atlantic Construction, Inc.

7 Doris Avenue East

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

### Date of First Furnishing

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### Pre-Permit Workers

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none

**Atlantic Construction, Inc.**  
"Building Value"

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

May 13, 2013

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

Re: Application #13-50030747  
Parcel #010544 0004 14

Gentlemen:

Please change the above permit for 105 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 9103470730

ATLANTIC CONSTRUCTION

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**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7826 - Fx: 910-893-2789 - 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: 2 Doris Avenue East  
Jacksonville NC 28540

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # 13-50030747 Parcel # 010544 0004 14

Job Cost 4,000.00 Description of Work to be done  
wire new construction home

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 #: 6 Sweetwater

I Lonnie Smith Electric Inc will provide the Electrical labor on this structure.  
(Contractor's 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.

Lonnie Smith Electric Inc  
Contractor's Company Name

PO Box 180 Autryville NC 28318  
Address

25606-2  
License #

Telephone \_\_\_\_\_  
lselectric02@yahoo.com  
Email Address

Structure Owner / Contractor 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