,	,	-Q-	ŀ	11	
initial Application Date:	<u> </u>		<u> </u>	7	

Application # _	1450032732

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

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

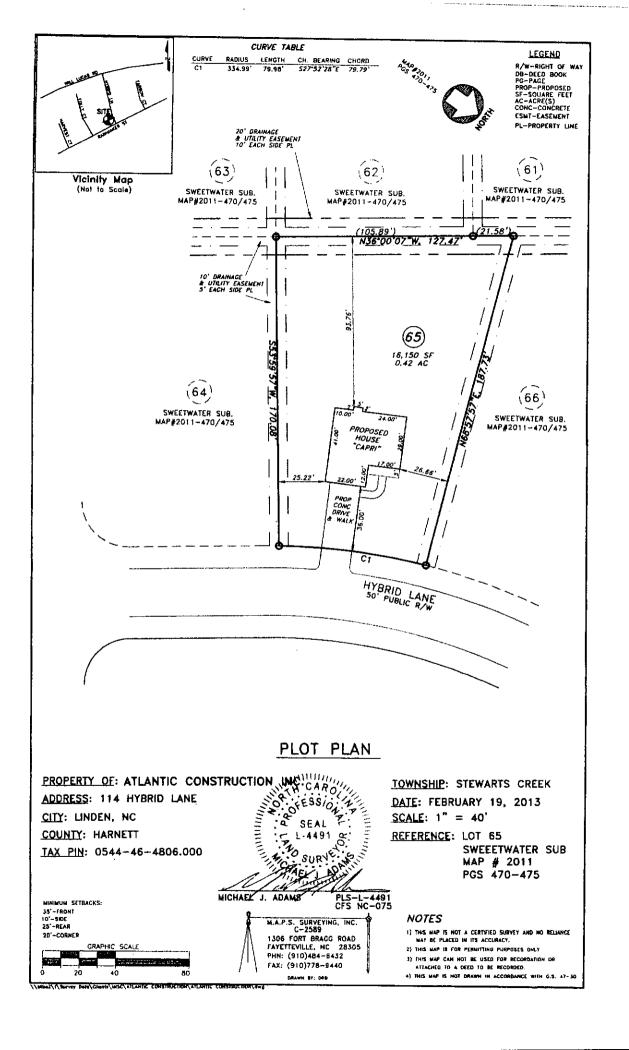
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** LANDOWNER: Diversifed Investors INC. Mailing Address: P.O. Box 16 85 TACKSONUILLE State: NC Zip: 28540 Contact No: 910-346-9800 Email: BETTUBE LANC. COM APPLICANT : ATLANTIC CONSTRUCTION IN. Mailing Address: 7 DORIS AVE, E. City: Tacksonus IIe State: NC Zip: 28540 Contact No: 910-938-9053 Email: aci Paszantic Construction Mescon CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: SweeTwater Lot #: 65 Lot Size: 0.42 Ac State Road # 2044 State Road Name: Will Lucas Rd. Map Book & Page; 2011, 470-475 Parcel: 010544 0004 73 PIN: 0544-46-4806.000 T Deed Book & Page: 0236 3/09 4/ Power Company": South River Electric Zoning: RA-20 R Flood Zone: X Watershed. *New structures with Progress Energy as service provider need to supply premise number ______ from Progress Energy. PROPOSED USE: SFD: (Size 39 x 43) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Craw Space: Slab: Slab: Monolithic (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 sile 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: Vew 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: Comments: Minimum___ Actual Front Rear Closest Side Sidestreet/corner lot Nearest Building

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ponth 401			
un Right onto W.	Reeves BR	to Rd	
Tunn LEFT OUTO WI	11 Lucus Rd		
Tunn LEFT ONTO	HybridLN	TO 20T	65
	•		

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"



NAME: ATLANTIC CONSTRUCTION INC. APPLICATION #:_ *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 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. in

approms	LOI BOULOITZBUR	on to constituet pieuse mais-	ine desired system type(s). (Pro
{}} Acce	epted	{}} Innovative	(Conventional	{} Any
{}} Alter	mative	{} Other		
		the local health department "yes", applicant MUST A		oplication if any of the following apply to the property DOCUMENTATION:
()YES	NO	Does the site contain any	Jurisdictional Wetlands?	
()YES	{ <u>√</u> } NO	Do you plan to have an in	rrigation system now or in	the future?
{}}YES	{ <u>√</u> } NO	Does or will the building	contain any <u>drains</u> ? Pleas	e explain
{}}YES	I_LINO	Are there any existing we	ells, springs, waterlines or	Wastewater Systems on this property?
()YES	[L]NO	Is any wastewater going	to be generated on the site	other than domestic sewage?
()YES	{ <u>\bullet</u> } No	Is the site subject to appr	oval by any other Public A	Agency?
{}}YES	1 NO	Are there any Easements	or Right of Ways on this	property?
{}}YES	{ <u>√</u> } NO	Does the site contain any	existing water, cable, pho	one or underground electric lines?
		If yes please call No Cut	ts at 800-632-4949 to local	te 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 Pan 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DIVERSIFIED INVESTORS INC. P.O. BOX 1685 – 405 JOHNSON BLVD. JACKSONVILLE, NC 28540 (910) 346-9800 – FAX (910) 346-1210

E-mail: bettyb@jlpnc.com

July 21, 2011

Re: Sweetwater Subdivision - Harnett County, NC

To Whom It May Concern:

As the developers of Sweetwater Subdivision, we have granted Atlantic Construction Inc., to construct single family dwellings in the subdivision project.

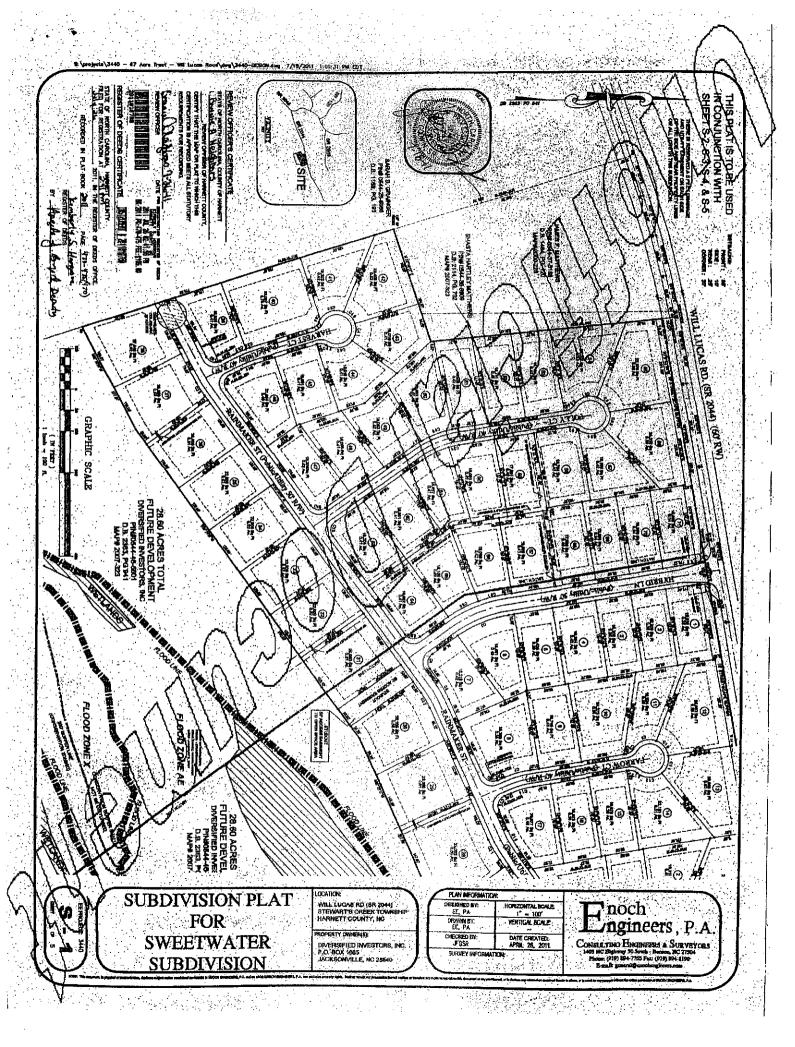
Should you have any questions or need any additional information concerning this authorization, please do not hesitate to contact me.

Sincerely,

Betty Bullock, President

DIVERSIFIED INVESTORS INC.

bb



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

<u>Application for Residential Building and Trades Permit</u>

Owners Name DIVERSIFIED INVESTORS INC.	Date
Site Address 114 Hybrid LN. Linder, NC 2	8356 Phone 910-346-9800
Directions to job site from Lillington South on 401, Tura	Right onto
W. Reeves BRIDGE Rd, TURNLETT ONTO	Will Lucas Rd,
Tunn LOFT ONTO HY hard IN TO LOT.	65
Subdivision Sweet NATER	Lot65
Subdivision Swee T WATER Description of Proposed Work 5. F. D. Hostod SE 1993 Unbested SE 523 Finished Books Room?	# of Bedrooms3
Heated SF 1983 Unheated SF 523 Finished Bonus Room?	Olaw Opaco Clas
ATLANTIC CONSTANCTION INC.	910-938-9053
ATLANTIC CONSTRUCTION INC. Building Contractor's Company Name	Telephone
	Ci@atlantic construction inc. com Email Address
Address 3 7 5 9 6	Lillaii Addiess
License #	
Description of Work 5. F. D. wew Service Size 2	Ton Amer T Dala / Yes No.
B+N ELecTric	910 -531 - 4913 Telephone
Electrical Contractor's Company Name	relephone
5449 Hwy 210 STebman, NC 28391 Address	Email Address
09622	
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work 5.F.D. New	
MARK AIN TWC. Mechanical Contractor's Company Name	910-484-6565
	Telephone
P.O. BOX 41104 FAY eTTEVILLE, NC28309-1104	- Company of the Comp
Address	Email Address
15874	
License # Plumbing Contractor Information	n ,
Description of Work 5.F.D. New	#Baths 2/2
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 Documentary DR. Fayetteville, vc 2820	
Address	Email Address
24204P-1	
License # Insulation Contractor Informatio	n
	910-850-3462
A-1 Insulation INC. P.O. Box 190 Hope M.H., N.C. 28348 Insulation Contractor's Company Name & Address	Telephone

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.

is as per current ree 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 ATTANTIC CONSTRUCTION INC. Sign w/Title

LiensNC

Appointment of Lien Agent

Entry Number:

84231

Filed by: twotees

Payment Amount: \$25.00

Filing Date: 01/07/2014

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W Hargett St, Suite 507 / Raleigh, NC 27601

Email: support@liensnc.com Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

Owner Information

Diversified Investors, Inc.

P.O. Box 1685

Jacksonville

NC

28540

United States

910-346-9800

bettyb@jlpnc.com

Project Property

Sweetwater Lot 65 Map 2011-470 Parcel # ID 010544000473

114 Hybrid Ln.

Linden, NC

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

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 14-50032732 Date 2/17/14 Property Address 114 HYBRID LN PARCEL NUMBER . . 01-0544- - -0004- -73-Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name SWEETWATER 71LOTS Property Zoning RES/AGRI DIST - RA-20R Owner Contractor ______ ______ DIVERSIFIELD INVESTORS INC OWNER PO BOX 1685 JACKSONVILLE NC 28540 Applicant ______ ATLANTIC CONSTRUCTION INC #65 7 DORIS AVE E JACKSONVILLE NC 28540 (910) 938-9053 --- Structure Information 000 000 39X43 3BDR SLAB W/ GARAGE Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 3000000.00 PROPOSED USE SFD SEPTIC - EXISTING? NEW TANK WATER SUPPLY COUNTY _____ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1015346 Issue Date . . . 2/17/14 Valuation Expiration Date . . 2/17/15_____ Special Notes and Comments T/S: 01/09/2014 11:54 AM JBROCK ----SWEETWATER #65

HARNETT COUNTY CENTRAL PERMITTING

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.

Page 2 Date 2/17/14 Application Number 14-50032732 Property Address 114 HYBRID LN

. . 01-0544- - -0004- -73-PARCEL NUMBER Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name SWEETWATER 71LOTS Property Zoning RES/AGRI DIST - RA-20R

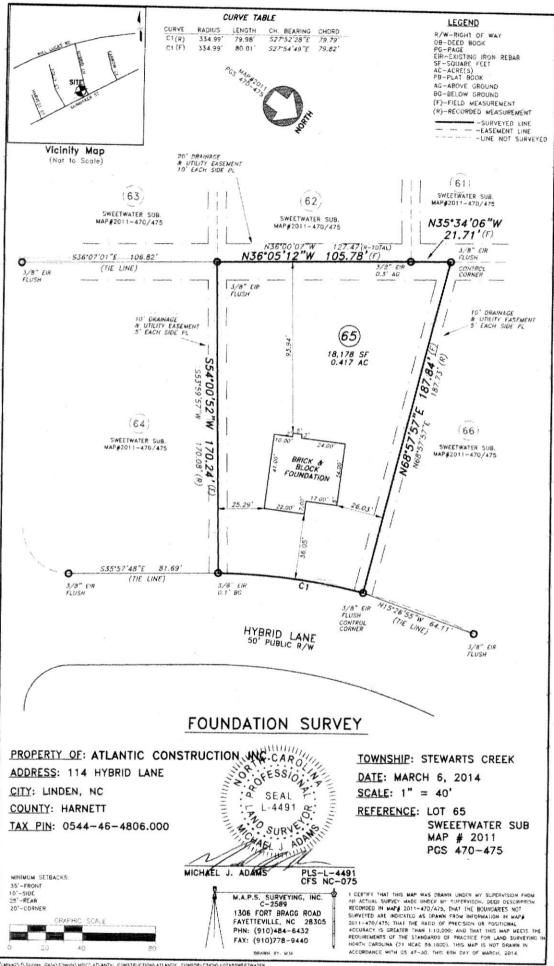
Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1015346 _____

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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		_/,_/,_
30-999	309	P309	R*PLUMB UNDER SLAB		_//
30	104	B104	R*FOUND & SETBACK VERIF SURVEY		_/_/_
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		_//
999		H824	ENVIR. OPERATIONS PERMIT		_/_/_



32732

Jennifer Brock

From:

John Schramm <john@atlanticconstructioninc.com>

Sent:

Thursday, March 20, 2014 2:21 PM

To:

Jennifer Brock

Subject:

Changeing Eletric subcontractors

Jennifer

I would like to change my eletric subcontractor. Please let me know if this possible and if so how to go about it. Thank you so much.

Application #

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) Ma	ailing Address:
Land Owner	Name (s):Phone:
Construction	or Site Address:
	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 Dire	ections to Job from Lillington:
	Lot #:
(Coi	Timethy will provide the Eletric labor on this structure. (Trade)
	ding owner or my NC state license number is 22985 , which entitles me to
perform such	work on the above structure legally. All work shall comply with the State Building Code and all
other applica	able State and local laws, ordinances and regulations.
Tarhell Contractor's 6126 Address	Pride Elenie Corp. Company Name Azelia dr Skadman NC 26391 Email Address
2298 License #	
	vner / Contractor Signature: Date: 3-26-14
By signing the	nis application you affirm that you have obtained permission from the above listed license holder to rmits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sel

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

the listed property for 12 months after completion of the listed work.