

Initial Application Date: 7-7-14

Application # 1450034100

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

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

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

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: Diversified Investors Inc Mailing Address: P.O. Box 1685

City: JACKSONVILLE State: NC Zip: 28540 Contact No: 910-346-9800 Email: bettyb@jlpnc.com

APPLICANT: Atlantic Construction Inc Mailing Address: 7 Doris Ave. E.

City: JACKSONVILLE State: NC Zip: 28540 Contact No: 910-938-9053 Email: aci@atlanticconstructioninc.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Sweetwater Lot #: 29 Lot Size: 0.61 AC

State Road # 2044 State Road Name: Will Lucas Rd. Map Book & Page: 2011 / 470-475

Parcel: 010544 0004 37 PIN: 0544-46-9801-000

Zoning: RA-20R Flood Zone: X Watershed: N/A Deed Book & Page: 02363 / 0941 Power Company\*: South River Electric

\*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 1/2 Basement (w/wo 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/wo 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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

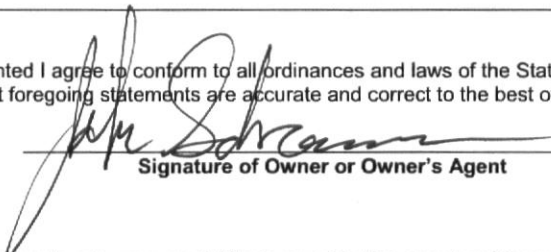
**Required Residential Property Line Setbacks:**

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

Front	Minimum	Actual	Comments
		<u>30</u>	
Rear		<u>101</u>	
Closest Side		<u>53.88</u>	
Sidestreet/corner lot			
Nearest Building on same lot			

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: South 401  
Turn Right onto W. Reeves Bridge Rd  
Turn Left onto Will Lucas Rd.  
Turn Left onto Hybrid Ln  
Turn Left onto Rainmaker St

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.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

7.7.14  
Date

\*\*\*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\*\*



Vicinity Map  
(Not to Scale)

DIVERSIFIED INVESTORS, INC  
DEED BOOK 2363, PAGE 941  
TRACT # 4  
PLAT BOOK 2017, PAGE 323

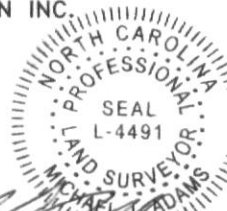
**LEGEND**

- R/W—RIGHT OF WAY
- DB—DEED BOOK
- PG—PAGE
- PROP—PROPOSED
- SF—SQUARE FEET
- AC—ACRE(S)
- CONC—CONCRETE
- ESMT—EASEMENT
- PL—PROPERTY LINE



**PLOT PLAN**

PROPERTY OF: ATLANTIC CONSTRUCTION INC.  
ADDRESS: 141 RAINMAKER STREET  
CITY: LINDEN, NC  
COUNTY: HARNETT  
TAX PIN: 0544-46-7775.000



MICHAEL J. ADAMS  
PLS-L-4491  
CFS NC-075

TOWNSHIP: STEWARTS CREEK  
DATE: JUNE 25, 2014  
SCALE: 1" = 40'  
REFERENCE: LOT 29  
SWEETWATER SUB  
MAP # 2011  
PGS 470-475

MINIMUM SETBACKS:  
35'-FRONT  
10'-SIDE  
25'-REAR  
20'-CORNER



M.A.P.S. SURVEYING, INC.  
C-2589  
1306 FORT BRAGG ROAD  
FAYETTEVILLE, NC 28305  
PHN: (910)484-6432  
FAX: (910)778-9440

DRAWN BY: DRB

**NOTES**

- 1) THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN ITS ACCURACY.
- 2) THIS MAP IS FOR PERMITTING PURPOSES ONLY
- 3) THIS MAP CAN NOT BE USED FOR RECORDATION OR ATTACHED TO A DEED TO BE RECORDED.
- 4) THIS MAP IS NOT DRAWN IN ACCORDANCE WITH G.S. 47-30

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

CONFIRMATION # \_\_\_\_\_

X

**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 \_\_\_\_\_

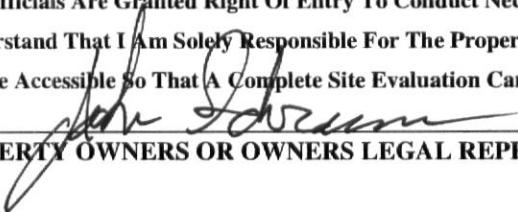
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- {  } 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.**



PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7.7.14  
DATE

**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,

A handwritten signature in cursive script that reads "Betty Bullock".

Betty Bullock, President  
DIVERSIFIED INVESTORS INC.

bb



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 141 Rainmaker St Linden, NC 28356 Phone 910-346-9800  
Directions to job site from Lillington South 401, Turn Right onto W. Reeves Bridge Rd  
Turn Left onto Will Lucas Rd, Turn Left onto Hybrid Ln  
Turn Left onto Rainmaker St.  
Subdivision Sweetwater Lot 29  
Description of Proposed Work S.F.D. # of Bedrooms 3  
Heated SF 1983 Unheated SF 523 Finished Bonus Room? NO Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Atlantic Construction Inc. 910-939-9053  
Building Contractor's Company Name Telephone  
7 Doris Ave. E. Jacksonville, NC 28540 aci@atlanticconstruction.com  
Address Email Address  
37596  
License #

**Electrical Contractor Information**

Description of Work S.F.D. new Service Size 200 Amps T-Pole  Yes  No  
Tanheel Pride Electrical Comp. 910-531-4371  
Electrical Contractor's Company Name Telephone  
P.O. Box 458 Stedman, NC 28391  
Address Email Address  
22985-L  
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  
Address Email Address  
15874  
License #

**Plumbing Contractor Information**

Description of Work S.F.D. new # Baths 2 1/2  
Dell Haire Plumbing 910-429-9939  
Plumbing Contractor's Company Name Telephone  
7612 Documenting Dr Fayetteville, NC 28306  
Address Email Address  
24204 P-1  
License #

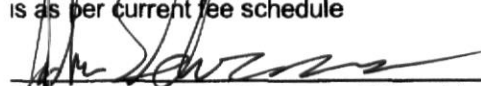
**Insulation Contractor Information**

A-1 Insulation Inc. P.O. Box 180 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

7-7-14  
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 John M. [Signature] - Vice President Date \_\_\_\_\_



### Designated Lien Agent

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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*

Entry Number: 156766

Filed by: twotees

Payment Amount: \$25.00

Filing Date: 06/30/2014



### Owner Information

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Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

NC

28540

United States

910-938-9053

danny@atlanticconstructioninc.com

### Project Property

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Sweetwater Lot 29

141 Rainmaker St

Linden,NC

NC

28391

Property Type: 1-2 Family Dwelling

Date First Furnished:

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 . . . . .	14-50034100	Date	7/28/14
Property Address . . . . .	141 RAINMAKER ST		
PARCEL NUMBER . . . . .	01-0544- - -0004- -37-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	SWEETWATER 71LOTS		
Property Zoning . . . . .	RES/AGRI DIST - RA-20R		

Owner

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DIVERSIFIELD INVESTORS INC  
 PO BOX 1685  
 JACKSONVILLE NC 28540

Contractor

-----

ATLANTIC CONSTRUCTION  
 7 E DORIS AVE  
 JACKSONVILLE NC 28540  
 (910) 938-9053

Applicant

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ATLANTIC CONSTRUCTION INC #29  
 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

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Permit . . . . .	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1044270		
Issue Date . . . . .	7/28/14	Valuation . . . . .	0
Expiration Date . . . . .	7/28/15		

Special Notes and Comments

T/S: 07/07/2014 09:21 AM JBROCK ----  
 SWEETWATER LOT 29  
 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  
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	7/28/14
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Property Address . . . . .	141 RAINMAKER ST	
PARCEL NUMBER . . . . .	01-0544- - -0004- -37-	
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 . . . . .	1044270	

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	_____	___/___/___