Initial Application Date:_	2	.9	.15
Illiliai Application Date			

on same lot

Residential Land Use Application

Application # _	1550035481
., _	CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

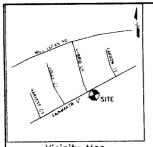
108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICAT	.ION**
ANDOWNER: Diversified Investors INS Mailing Address: P.O. Box 1685	
City: TACKSon u. Ile State: NC Zip: 28540 Contact No: 910-346-9800 Email: betty be \$4pNC	com
APPLICANT: ATLANTIC CONSTRUCTION INC. Mailing Address: 7 DORIS AUE, E	
City: TACK 50% ville State: NC Zip: 28540 Contact No: 910-138-9053 Email: acie artantic constant Please fill out applicant information if different than landowner	netion / we , cen
CONTACT NAME APPLYING IN OFFICE:Phone #	
PROPERTY LOCATION: Subdivision: <u>SweeT waTen</u> Lot #: 3/ Lot Size: C	0.61 AC
State Road # 2044 State Road Name: Will Lucas RJ. Map Book & Page: 2011	470-475
Parcel: 010544 0004 39 PIN: 0544-46-6614-000	
Zoning: RA-20R Flood Zone: X Watershed: N/A Deed Book & Page: 02363 10941 Power Company*: South River	ELECTRIC
*New structures with Progress Energy as service provider need to supply premise number from Progress Ener	
SFD: (Size 35 x 43) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: V Deck: Crawl Space: Slab: V S (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off (Is the second floor finished? () yes () no Any other site built additions? () yes () no Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?	
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employee	is:
□ Addition/Accessory/Other: (Sizex) Use: Closets in addition? () y	/es () 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: Manufactured Homes: Other (specify):	
Required Residential Property Line Setbacks: Comments:	
Front Minimum 3 Actual 10	Marine 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Rear / / / / / / / / / / / / / / / / / / /	
Closest Side	
Sidestreet/corner lot	
Nearest Building/ C	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
Turn Right ONTO W. Reeves BRidge Rd
Turn Lett onto Will Lucas Rd
THAN LEFT ONTO HYBRIS LA
THAN RIGHT ONTO RAIN MAKER 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 in the state of the stat

^{***}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**



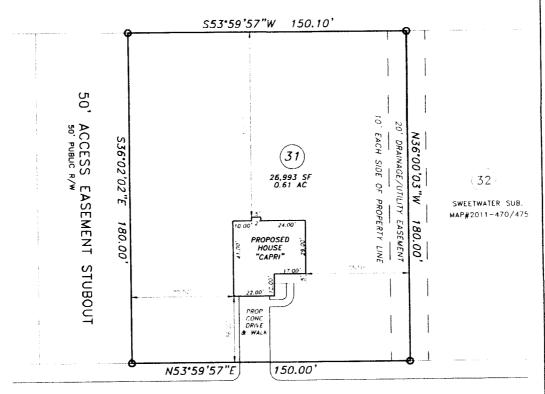
Vicinity Map (Not to Scale)

LEGEND

PAR RIGHT OF WAY
DB-DEFD BOOK
PG-PAGE
PPOP-PROPOSED
SF-SOUARL FEET
AC-ACRE(S)
CONC-CONCRETE
ESM1-EASEMENT
PL-PROPERTY LINE

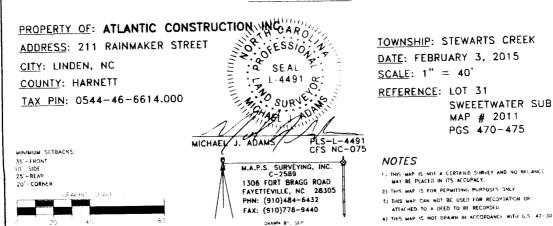


DIVERSIFIED INVESTORS. INC DEED BOOK 2363, PAGE 941 TRACT # 4 PLAT BOOK 2017, PAGE 323



RAINMAKER STREET 50' PUBLIC R/W

PLOT PLAN



	25	1 1		ŀ
APPLICATION #:	$\mathcal{O}\mathcal{O}$	4	\bigcirc	

NAME:	714AN/10	CONGIRUCTION		APPLICATION #:	
	*	This application to be f	illed out when applying f	or a septic system inspec	tion.*
Count	v Health De	nartment Applicati	on for Improvement	Permit and/or Author	orization to Construct
IE THE INE	ORMATION IN	THIS APPLICATION IS F	FALSIFIED, CHANGED, OR	THE SITE IS ALTERED, T	HEN THE IMPROVEMENT
PERMIT OR	AUTHORIZAT	TION TO CONSTRUCT SH	HALL BECOME INVALID.	The permit is valid for either	60 months or without expiration
			te plan = 60 months; Complet	te plat = without expiration)	008751
\ /	0-893-7525 o	*		CONFIRMATION #_	2 () 16
<u>Enviro</u>	onmental He	alth New Septic Syste	<u>em</u> Code 800	andy flores on each co	rner iron of lot. All property
• <u>Al</u>	property in	ons must be made v	nately every 50 feet betw	eny hags on each con	mer iron or ior. An property
a Di	es must be ci	eany nagyeu approxim	each corner of the propo	ised structure. Also flac	driveways, garages, decks,
♥ FR	ace oranger it huildings sv	vimming nools, etc. P	lace flags per site plan d	leveloped at/for Central	Permitting.
• Pi	ace orange E	nvironmental Health ca	ard in location that is eas	sily viewed from road to	assist in locating property.
• If I	property is thi	ckly wooded. Environr	mental Health requires th	hat you clean out the u i	ndergrowth to allow the soil
ev	aluation to be	performed. Inspector	rs should be able to walk	k freely around site. Do i	not grade property.
• <u>Al</u>	ll lots to be a	ddressed within 10 b	ousiness days after cor	<u>ıfirmation. \$25.00 retu</u>	rn trip fee may be incurred
<u>fo</u>	<u>r failure to u</u>	<u>ncover outlet lid. mai</u>	rk house corners and p	roperty lines, etc. ond	te lot confirmed ready.
• Af	ter preparing	proposed site call the	voice permitting system	at 910-893-7525 option	1 to schedule and use code alth inspection. Please note
80	ou (after selec	mber given at end of r	ecording for proof of req	i) tor Environmental Fic.	4.1.1 1115pootion. 1-10400 11010
• 11e	se Click2Gov	or IVR to verify results	. Once approved, proce	ed to Central Permitting	for permits.
□ Envire	onmental He	alth Existing Tank Ins	spections Code 800	•	•
• Fc	ollow above in	structions for placing f	lags and card on proper	ty.	
• Pr	repare for ins	pection by removing s	soil over outlet end of t	tank as diagram indicat	tes, and lift lid straight up (if
po	ossible) and th	nen put iid back in pi a	ce. (Unless inspection i	s for a septic tank in a n	nobile home park)
• D(O NOT LEAVE	LIDS OFF OF SEPTIC	FANK	-+ 040 000 7505 antiam	1.9 select notification permit
• Af	fter uncoverin	g outlet end call the v	oice permitting system a	at 910-893-7525 option	1 & select notification permit e note confirmation number
II Gir	multiple pern	recording for proof of t	eanest	eath inspection. <u>Ficas</u>	o note communation remove
• U:	se Click2Gov	or IVR to hear results.	Once approved, procee	ed to Central Permitting	for remaining permits.
SEPTIC					
If applying	for authorization				oreference, must choose one.
{}} Acc	epted	•	(Conventional		
{}} Alte		• · · · · ·			
The applica	ant shall notify	the local health departm	ent upon submittal of this a	application if any of the fo	llowing apply to the property in
question. I	If the answer is	"yes", applicant MUST	ATTACH SUPPORTING	G DOCUMENTATION:	
{}}YES	{ <u>√</u> } NO	Does the site contain ar	ny Jurisdictional Wetlands	?	
{}}YES	NO	Do you plan to have an	irrigation system now or i	n the future?	
{}}YES	NO	Does or will the building	ng contain any <u>drains</u> ? Plea	se explain	
{}}YES	{ <u>\</u> } NO	Are there any existing	wells, springs, waterlines o	r Wastewater Systems on	this property?
{}}YES	{ <u>✓</u> } NO	Is any wastewater goin	g to be generated on the sit	e other than domestic sew	rage?
{}}YES	{∠} NO	Is the site subject to ap	proval by any other Public	Agency?	
{X}YES	{} NO	Are there any Easemen	ts or Right of Ways on this	s property?	
{_}}YES	I/ NO	Does the site contain a	ny existing water, cable, pl	none or underground electr	ric lines?
	•	If yes please call No C	Cuts at 800-632-4949 to loc	ate the lines. This is a fre	e 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)

DATE

DIVERSIFIED INVESTORS INC. P.O. BOX 1685 – 405 JOHNSON BLVD. JACKSONVILLE, NC 28540 (910) 346-9800 - FAX (910) 346-1210 E-mail: <u>bettyb@ilpnc.com</u>

July 21, 2011

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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.

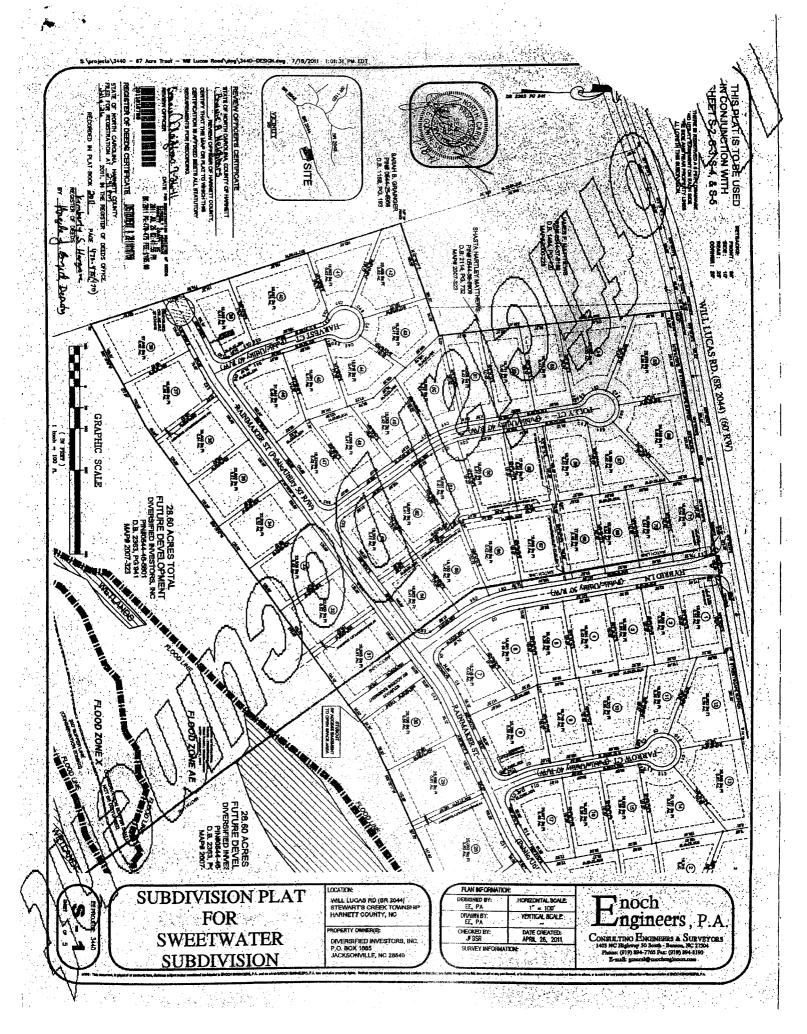
Should you have any questions or need any additional information concerning this authorization, please do not hesitate to contact me.

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

Application for Residential Building and Trades Permit

Owners Name Diversifed INVESTORS INC.	Date
Site Address 211 Rawmaken ST. Linden, NC 28.	356 Phone 910-346-9800
Directions to job site from Lillington South 401, Turk R	IgHT ONTO W. ROOVES BEINGE RE
Turn LEFT outo Will Lucus Rd, Tunn LEFT	arta Hybrid La
Tunn right out a Rainmaken ST	
Subdivision Sweet water	Lot3/
Description of Proposed Work 5. F. D.	# of Bedrooms3
Heated SF 1983 Unheated SF 523 Finished Bonus Room? A General Contractor Information	Crawl Space Slab
ATLANTIC CONSTANCTION INC.	910-939-9053
Building Contractor's Company Name	Telephone
7 Doris Aug. E. Tacksmy, lle, NC 22540 Address	Email Address
37596	
License # Electrical Contractor Information	on /
Description of Work S.F.D. (New) Service Size	200 Amps T-Pole Yes No
TARkeel Pride ELECTRIAL CORP	910-531-4371
Electrical Contractor's Company Name	Telephone
P.O. Box 458 STEDMAN, NC 28391 Address	Email Address
22985-6	
License # Mechanical/HVAC Contractor Inform	nation_
Pescription of Work SFD (New)	
CERTIFIED HEATING YAIR CONSITIONING, LLC	910-858-0000
Mechanical Contractor's Company Name	Telephone
Pao, Box 1071 Hope Mills, NC 28348	
Address	Email Address
<u>H3C1-20012</u>	
License # Plumbing Contractor Information	
Description of Work 5.F.D. (New)	# Baths2 //
Dell Haine Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 DOCUMENTARY DR. FAYOTTOUILLE, NC 28306	
Address	Email Address
24 204 P-1 License #	
License # Insulation Contractor Informati	<u>on</u>
A- Insulation INC. P.O. Box 180 Hope Mills, NC. 28348 Insulation Contractor's Company Name & Address	910-850-3462
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				
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 President Date				
Sign w/Title President Date				
// /				

LiensNC

Appointment of Lien Agent Related Filings

Designated Lien Agent

Entry Number:

247108

Investors Title Insurance Company

Filed by:

twotees

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

Filing Date:

02/04/2015

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

NC

28540

910-938-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Section I Lot 31

211 Rainmaker St.

Linden,NC

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

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. -----Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name SWEETWATER 71LOTS Property Zoning RES/AGRI DIST - RA-20R Owner Contractor _______ ______ DIVERSIFIELD INVESTORS INC ATLANTIC CONSTRUCTION PO BOX 1685 7 E DORIS AVE NC 28540 JACKSONVILLE JACKSONVILLE (910) 938-9053 --- Structure Information 000 000 39X43 3 BR ATT GARAGE PORCH SLAB Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 3.00 PROPOSED USE SFD SEPTIC - EXISTING? NEW WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . 1073469 Phone Access Code . Issue Date 3/09/15 Valuation Expiration Date . . 3/08/16

Special Notes and Comments

T/S: 02/09/2015 03:22 PM DJOHNSON --

SWEETWATER LOT 31

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE.

Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

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 3/09/15

Subdivision Name SWEETWATER 71LOTS
Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1073469

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		— <i>'</i> /— <i>'</i> /—
20-30	814	A814	ADDRESS CONFIRMATION		//
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		<u></u>
30-999	309	P309	R*PLUMB UNDER SLAB		//
30-999	205	E205	R*ELEC 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		//