Initial Application Date:	4-	15-1	5

Application #	550035902
	C1 144

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Nearest Building 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 1685 City: Jackson V. //e State: NC Zip: 28540 Contact No: 910-346-9800 Email: hetty beispace com APPLICANT*: ATLANTIC CONSTRUCTION JNC. Mailing Address: 7 DORIS Pue. F.

City: Jacksonv. 1/2 State: NC Zip: 28540 Contact No: 910-938-9653 Email: acientantic construction in different than landowner CONTACT NAME APPLYING IN OFFICE: John Schram Phone # 910-459-2561 PROPERTY LOCATION: Subdivision: 5 west water Lot #: 43 Lot Size: 0.7/ 4c State Road #_______ State Road Name: _______ Will _______ Rd _______ Map Book & Page: ________ 175 Parcel: 01 0544 0004 51

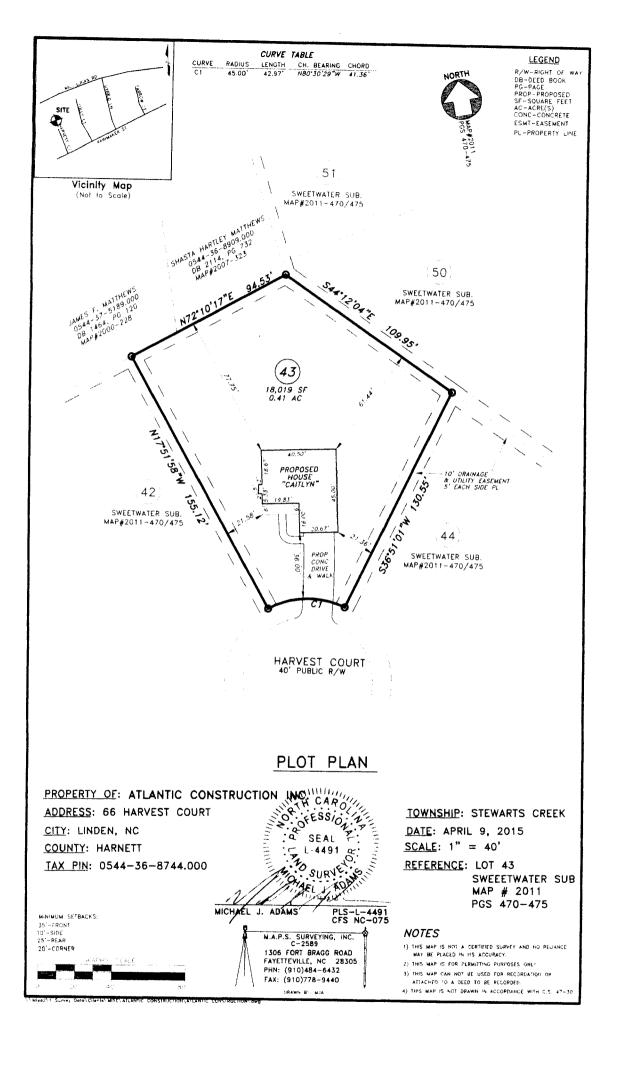
PIN: 0544-36-8744,000

Zoning: RA-20RFlood Zone: X Watershed: M Deed Book & Page: 02363 / 0941 Power Company*: Scu-7h River Electric *New structures with Progress Energy as service provider need to supply premise number _______from Progress Energy. PROPOSED USE: SFD: (Size 45 x 41.6) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: 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: _____ Manufactured Homes: _____ Other (specify): _____ Required Residential Property Line Setbacks: Comments: Front Minimum Actual 🛪 Rear Closest Side Sidestreet/corner lot

SPECIFIC DIREC	TIONS TO THE P	ROPERTY FROM L	ILLINGTON:	South on	V 40/	
Turn	Right	on To	W. Reeves	BRIDGE	Rd	
Tynn	LeFT	ONTO	Will Luca	, Rd		
Tunn	LeFT	ONTO	Hybrid L	<i>~</i>		
Turn	Right	ONTO	RAIN MAKER	57		
THAN	RIGAT	ON Seco	and CT DIVIC	HARVEST	cT	
If permits are grar I hereby state that	t foregoing statement	form to all ordinance erits are/accurate ar anature of Owner o	nd correct to the best of my kn	owledge. Permit subject	such work and the specifications of plans subct to revocation if false information is provided 15.15	omitted. d.

^{***}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**



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.

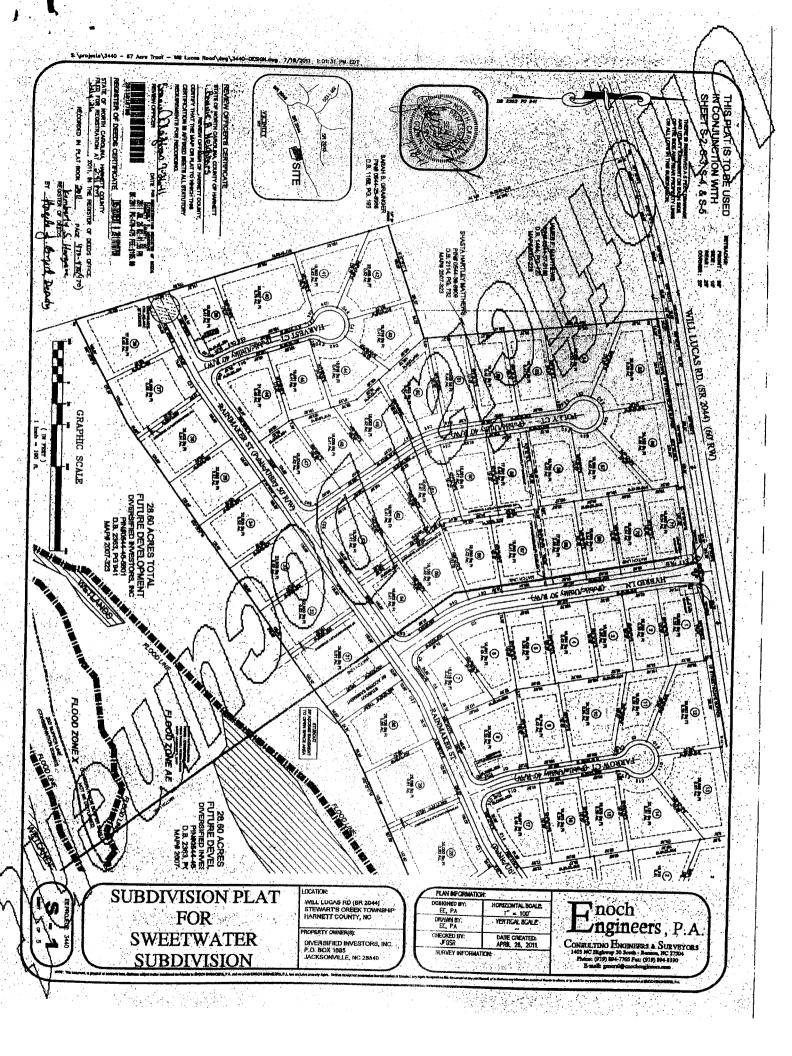
Should you have any questions or need any additional information concerning this authorization, please do not hesitate to contact me.

Sincerely,

Betty Bullock, President

DIVERSIFIED INVESTORS INC.

bb



NAME: ATLANTIC	CONSTRUCTION	INC.
----------------	--------------	------

APPLICATION #:	
AFFLICATION #:	

This application to be filled out when applying for a septic system inspection.

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 <u>undergrowth</u> 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.

	v or IVR to hear results. On		d to Central Permitting for rem	aining permits
SEPTIC	voi ivii to nodi roodito. On	oo approvod, procee	a to ochia i i chimang for form	aming permits.
If applying for authoriza	ion to construct please indicate	desired system type(s):	can be ranked in order of preferenc	e, must choose one.
{}} Accepted	{}} Innovative {}} Other	{X}} Conventional	{}} Any	
{}} Alternative	{}} Other			
The applicant shall noti question. If the answer	y the local health department is "yes", applicant MUST AT	apon submittal of this a	pplication if any of the following G DOCUMENTATION:	apply to the property in
{_}}YES { X } NO	Does the site contain any Ju	risdictional Wetlands?		
{_}}YES { X } NO	Do you plan to have an irrig	gation system now or ir	the future?	
(}YES { X } NO	Does or will the building co	ontain any <u>drains</u> ? Pleas	se explain	
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{_}}YES { X } NO	Is any wastewater going to be generated on the site other than domestic sewage?			
{_}}YES { X } NO	NO Is the site subject to approval by any other Public Agency?			
}YES {X NO Are there any Easements or Right of Ways on this property?				
YES {X} 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 Applic	tion And Certify That The Info	rmation Provided Herei	n Is True, Complete And Correct.	Authorized County And
State Officials Are Gran	ed Right Of Entry To Conduct	Necessary Inspections To	Determine Compliance With App	licable Laws And Rules.
I Understand That I Am	Solely Responsible For The Pro	per Identification And L	abeling Of All Property Lines And	Corners And Making
lon &	th Complete Site Evaluation			4.15.15
PROPERTY OWNER	S OR OWNERS LEGAL RE	PRESENTATIVE SI	GNATURE (REQUIRED)	DATE

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 TNC	Date
Site Address _66 HARVEST CT. Linden, Ni 29	356 Phone 910-346-9800
Directions to job site from Lillington South 401, Tunk	Each on To W. Reside God of
TURN LEFT ONTO WILLIAMS Rd, Time LEF	I onto Huboid Low
Tunn signt orto RAINMAKEN ST Soun	ERI ONTO HARVEST CT
Subdivision Sweet water	Lot 4-3
<u> </u>	# of Bedrooms 3
Heated SF 1977 Unheated SF 561 Finished Bonus Room?	125 Crawl Space Slab
General Contractor Informatio	n
ATLANTIC CONSTAURION INC.	<u>910-939-9053</u> Telephone
building Contractor's Company Name	Telephone
7 DORIS AUR. E. TACKSON, Mr. 22540 Address	Email Address
37.596 License #	
Electrical Contractor Information	on .
Description of Work S.F.D. (New) Service Size	200 Amps T-Pole Yes No
TARheal Pride Flectment Comp	910-531-4371
Electrical Contractor's Company Name	Telephone
P.D. Box 452 STECMAN, NC 28391	
Address	Email Address
22975-L License #	• •
Mechanical/HVAC Contractor Inform	nation
Percription of Work SFD (New)	
CERTIFIED HENTING YAIR CONSTROYING LLC	910-858-0000
Mechanical Contractor's Company Name	Telephone
Pao. Box 1071 Hope Mills, NC 28348	
Address	Email Address
H3C1-20012	
License #	
Plumbing Contractor Informatio	1 /
Description of Work 5.FD. (New)	# Baths 2/2
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
76/2 DOCLIMEN TARY DR. FAYOTTOUILLE, NC 28306	Email Address
24 204 P-1	
License #	_
Insulation Contractor Informatio	- ,
A- Insulation INC. P.O. Box 180 Hope Mills No. 28347 Insulation Contractor's Company Name & Address	<u>9/0-850-3462</u> Telephone
manuscra e accomposar a maccibacit company a compressor	i diopitolio

*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 befourrent real schedule Signature of Owner/Contractor/Officer(s) of Corporation 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 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

LiensNC

Appointment of Lien Agent Related Filings

Designated Lien Agent

Investors Title Insurance Company

Entry Number:

276084

Filed by:

twotees

Filing Date:

04/10/2015

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

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

NC

28540

910-938-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Section I Lot 43

66 Harvest Ct.

Linden

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

Plan Box #	6	Date Job Name	
App #S59	ED/SEA	Valuation 189792	Heated SQ Feet $\frac{197}{9}$ Garage $\frac{44}{9}$
Crawl	Slab__	Mono	Basement
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
oundation Surve	yE	Envir. Health	Other
dditions / Other			
oting undation			
nb ono en Floor			
ugh In sulation al			

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. ______ Application Number 15-50035902 Date 4/28/15 Property Address 66 HARVEST CT Contractor Owner ______ ______ DIVERSIFIELD INVESTORS INC ATLANTIC CONSTRUCTION 7 E DORIS AVE PO BOX 1685 NC 28540 NC 28540 JACKSONVILLE JACKSONVILLE (910) 938-9053 Applicant ______ ATLANTIC CONSTRUCTION INC #43 7 DORIS AVE E (910) 938-9053 Struct Structure Information 000 000 45X42.6 3BDR SLAB W/ GARAGE Flood Zone FLOOD ZONE X # BEDROOMS
PROPOSED USE
SEPTIC - EXISTING? 3000000.00 Other struct info # BEDROOMS SFD NEW TANK WATER SUPPLY COUNTY ._______ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1082551 Issue Date 4/28/15 Valuation 189792 Expiration Date . . . 4/27/16______ Special Notes and Comments T/S: 04/15/2015 08:42 AM JBROCK ----SWEETWATER #43 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

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 Application Number 15-50035902 Date 4/28/15

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 . 1082551 ______

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30 40-50 40-60 40-60 40-60 50-60 50-60	101 103 814 111 104 129 425 125 325 225 429 131 329	B101 B103 A814 B111 B104 I129 R425 R125 R325 R225 R429 R131 R329	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL		
50-60 999	229	R229 H824	TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		_/_/_