

Initial Application Date: 5-11-15

Application # 1550036169

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.harnett.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: bettyh@jipnc.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: John Schramm Phone # 910-459-2561

PROPERTY LOCATION: Subdivision: Sweetwater Lot # 32 Lot Size: 0.52 AC

State Road # 2044 State Road Name: Will Lucas Rd Map Book & Page: 2011 1470-475

Parcel: 010544 0004 40 PIN: 0544-46-5506.000

Zoning: RA-20R Flood Zone: X Watershed: NA 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 Energy.

PROPOSED USE:

SFD: (Size 45 x 12.6) # Bedrooms: 3 # Baths: 2 1/2 Basement (w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: Monolithic 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:

Location	Minimum	Actual
Front	<u>35</u>	<u>36</u>
Side	<u>25</u>	<u>99</u>
Rear	<u>10</u>	<u>41.25</u>
Street/corner lot	_____	_____
Nearest Building same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

South on 401

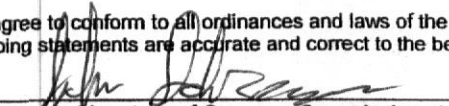
Turn Right onto W. Reeves Bridge Rd

Turn Left onto Will Lucas Rd

Turn Left onto Hybrid LN

Turn Right onto Rainmaker ST

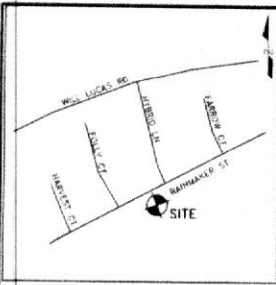
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.


Signature of Owner or Owner's Agent

5-19-15
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

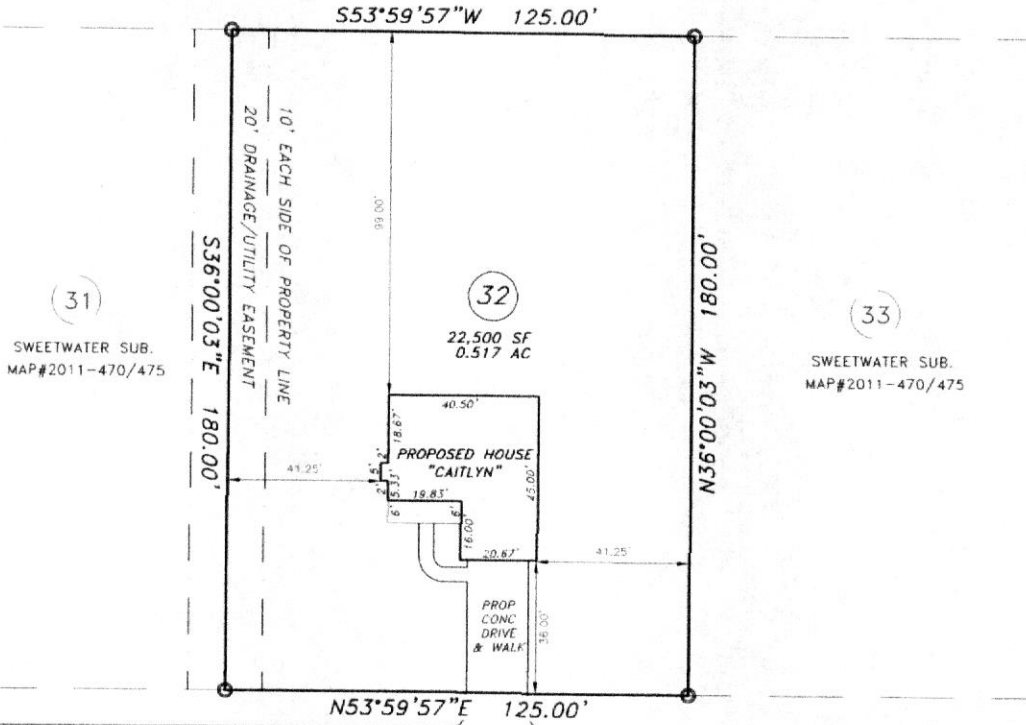


Vicinity Map
(Not to Scale)

- 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



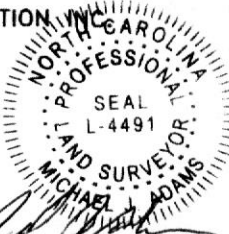
DIVERSIFIED INVESTORS, INC
DEED BOOK 2363, PAGE 941
TRACT # 4
PLAT BOOK 2017, PAGE 323



RAINMAKER STREET
50' PUBLIC R/W

PLOT PLAN

PROPERTY OF: **ATLANTIC CONSTRUCTION, INC**
ADDRESS: 237 RAINMAKER STREET
CITY: LINDEN, NC
COUNTY: HARNETT
TAX PIN: 0544-46-5506.000



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

TOWNSHIP: STEWARTS CREEK
DATE: MAY 14, 2015
SCALE: 1" = 40'
REFERENCE: LOT 32

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

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

DRAWN BY: SFP

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 # _____

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)

5-19-15
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,



Betty Bullock, President
DIVERSIFIED INVESTORS INC.

bb

09/09/11

Application # _____

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 Investments INC Date _____
Site Address 237 Rainmaker St Lillington, NC 27356 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 right onto Rainmaker St

Subdivision Sweet Water Lot 32

Description of Proposed Work S.F.D. # of Bedrooms 3

Heated SF 1977 Unheated SF 561 Finished Bonus Room? YES Crawl Space _____ Slab

General Contractor Information

ATLANTIC CONSTRUCTION INC.
Building Contractor's Company Name
7 Doris Ave E Jacksonville, NC 28540
Address
37596
License #

910-939-9053
Telephone
aci@atlanticconstructioninc.com
Email Address

Electrical Contractor Information

Description of Work S.F.D. (new)
TARHEEL PRIDE ELECTRICAL CORP
Electrical Contractor's Company Name
P.O. Box 458 Stedman, NC 28391
Address
22985-L
License #

Service Size 200 Amps T-Pole Yes No
910-531-4371
Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work S.F.D. (new)
CERTIFIED HEATING & AIR CONDITIONING, LLC
Mechanical Contractor's Company Name
P.O. Box 1071 Hope Mills, NC 28348
Address
H3C1-20012
License #

910-858-0000
Telephone
Email Address

Plumbing Contractor Information

Description of Work S.F.D. (new)
Dell Haine Plumbing
Plumbing Contractor's Company Name
7612 Documentary Dr. Fayetteville, NC 28306
Address
24 204 P-1
License #

Baths 2 1/2
910-429-9939
Telephone
Email Address

Insulation Contractor Information

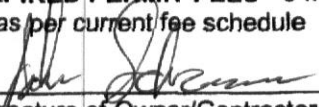
A-1 INSULATION INC. P.O. Box 180 Hope Mills, NC 28348
Insulation Contractor's Company Name & Address

910-850-3462
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

5-19-15
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

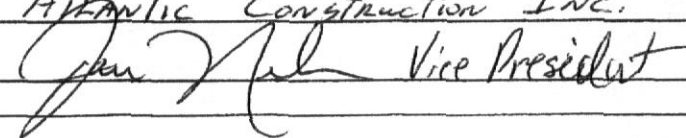
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 <

Designated Lien Agent

Investors Title Insurance Company

Entry Number: 293397

Filed by: twotees

Filing Date: 05/14/2015

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 32

237 Rainmaker St

Linden, NC

NC

28356

Property Type: 1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

Plan Box # D3

Date 5-19-15

Job Name Atlantic

App # 360169

Valuation \$ 206,368

Heated SQ Feet 1977

Garage 448

=

Inspections for SFD/SFA

Crawl

Slab /

Mono

Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey /

Envir. Health /

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

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 Number 15-50036169 Date 6/09/15
Property Address 237 RAINMAKER ST
PARCEL NUMBER 01-0544- - -0004- -40-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name SWEETWATER 71LOTS
Property Zoning RES/AGRI DIST - RA-20R

Owner

DIVERSIFIELD INVESTORS INC
PO BOX 1685
JACKSONVILLE NC 28540

Contractor

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

Applicant

ATLANTIC CONSTRUCTION INC #32
7 DORIS AVE E
JACKSONVILLE NC 28540
(910) 459-2561

--- Structure Information 000 000 45X42.6 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 . 1090299
Issue Date 6/09/15 Valuation 0
Expiration Date . . 6/08/16

Special Notes and Comments
T/S: 05/19/2015 09:01 AM JBROCK ----
SWEETWATER LOT 32
S 401 R ONTO W REEVES BRIDGE RD L ONTO
WILL LAUSE RD L ONTO HYBRID LN R ONTO
RAINMAKER ST
XX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XX
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.

Application Number	15-50036169	Page	2
Property Address	237 RAINMAKER ST	Date	6/09/15
PARCEL NUMBER	01-0544- - -0004- -40-		
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	1090299		

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	_____	___/___/___
30-999	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	_____	___/___/___