

Initial Application Date: 12.21.15

Application # 1550037730

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.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 Investments Inc. Mailing Address: P.O. Box 1685

City: Jacksonville State: NC Zip: 28540 Contact No: 910-346-9800 Email: bettyb@jlancl.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 #: 63 Lot Size: 0.41 ac

State Road # 2044 State Road Name: Will Lucas Rd Map Book & Page: 2011 470

Parcel: 010544 0004 71 PIN: 0544-46-3638.000

Zoning: PA-20R Flood Zone: V Watershed: NA Deed Book & Page: 2363 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 40.2' x 42') # Bedrooms: 4 # Baths: 2 1/2 Basement(w/wo bath): _____ Garage: X Deck: _____ Crawl Space: _____ Slab: X ^{Monolithic} Slab: _____
(Is the bonus room finished? (X) yes () no w/ a closet? (X) 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: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: X 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): _____

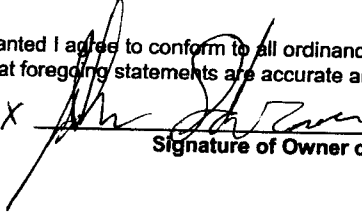
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>36</u>
Rear	<u>25</u>	<u>82</u>
Closest Side	<u>10</u>	<u>32</u>
Sidestreet/corner lot	<u>20</u>	_____
Nearest Building on same lot	<u>10</u>	_____

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 RANMAKER ST
Turn Right onto Folly Ct.

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.

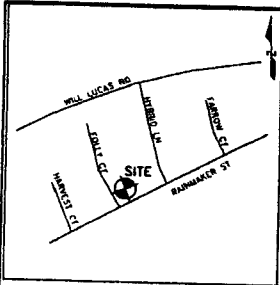
X 
Signature of Owner or Owner's Agent

X 12-21-15
Date

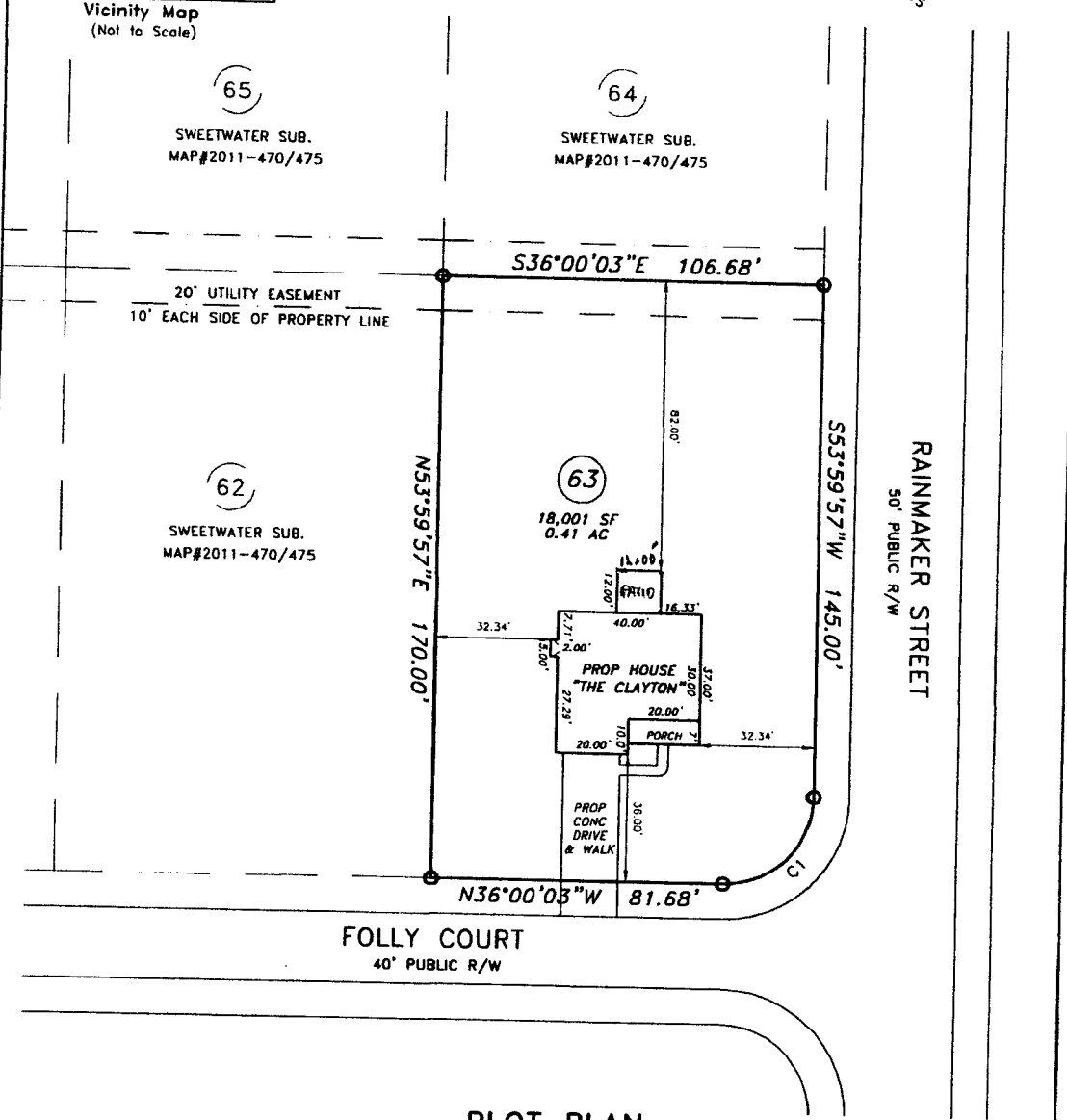
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	25.00'	39.27'	35.36'	N81°00'03"W



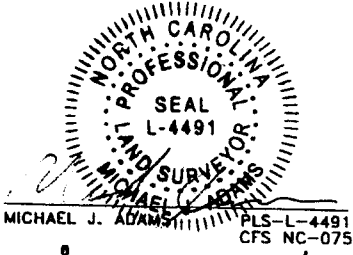
LEGEND
 R/W-RIGHT OF WAY
 DB-DEED BOOK
 PG-PAGE
 PROP-PROPOSED
 SF-SQUARE FEET
 AC-ACRE(S)
 CONC-CONCRETE
 ESMT-EASEMENT
 PL-PROPERTY LINE



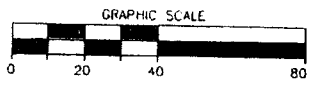
PLOT PLAN

PROPERTY OF: ATLANTIC CONSTRUCTION INC.
ADDRESS: 14 FOLLEY COURT
CITY: LINDEN, NC
COUNTY: HARNETT
TAX PIN: 0544-46-3638.000

TOWNSHIP: STEWARTS CREEK
DATE: DECEMBER 10, 2015
SCALE: 1" = 40'
REFERENCE: LOT 63
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 #: 37730

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.

X [Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

X 10-21-15
DATE

Print this page



Legal Description:

LT#63 SWEETWATER SD M2011-470 0.41AC

Harnett County GIS

PID: 010544 0004 71

PIN: 0544-46-3638.000

REID: 0076990

Subdivision: 2011-470

Deeded Acreage: 0.41 ac

Total Acreage: 0.41 ac

Account Number: 1400030559

Name 1: DIVERSIFIED INVESTORS INC

Name 2:

Address 1: PO BOX 1685

Address 2:

Address 3:

City, State, Zip: JACKSONVILLE, NC, 28540-0000

Building Count: 0

Township Code: 01

Fire Code: FR92

House Number, Apt, Street: 14, , FOLLY

Parcel Building Value: \$0

Parcel Obxf Value : \$0

Parcel Land Value : \$25000

Parcel Obxf Value : \$0

Parcel Deferred Value : \$0

Total Assessed Value : \$25000

Total Market Value : \$25000

Legal Land Units , Unit Type : 1, LT

Tax Data Last Modified:

Calculated Land Units / Type: 0, ac

Neighborhood: 00154

Actual Year Built:

Total Actual Area Heated: Sq/Ft

Sale Month and Year: 4 / 2007

Sale Price: \$0

Deed Book & Page: 2363-0941

Deed Date:

Plat Book & Page: 2011-470

Instrument Type: DE

Vacant or Improved:

Qualified Code: D

Transfer or Split:

Prior Building Value: \$0

Prior Obxf Value : \$0

Prior Land Value : \$0

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$0

Prior Land Units: 0 ac



09/09/11

Application #

37730

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 14 Folly CT Linden, NC 29356 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 Rainwater St, Turn Right onto Folly Ct
Subdivision Sweet Water Lot 63
Description of Proposed Work S.F.D. # of Bedrooms 4
Heated SF 2145 Unheated SF 529 Finished Bonus Room? YES Crawl Space Slab

General Contractor Information

ATLANTIC CONSTRUCTION INC. 910-939-9053
Building Contractor's Company Name Telephone
7 Doris Ave. E. Traskville, 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
Tarheel Pride Electrical Corp 910-531-4371
Electrical Contractor's Company Name Telephone
P.O. Box 452 Stedman, NC 28391
Address Email Address
22985-L
License #

Mechanical/HVAC Contractor Information

Description of Work S.F.D. (new)
CERTIFIED HEATING & AIR CONDITIONING, LLC 910-858-0000
Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills, NC 28348
Address Email Address
H3C1-20012
License #

Plumbing Contractor Information

Description of Work S.F.D. (new) # Baths 2 1/2
Dell Haine Plumbing 910-429-9939
Plumbing Contractor's Company Name Telephone
7612 Documentary 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

X 
Signature of Owner/Contractor/Officer(s) of Corporation

X 12-21-15
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

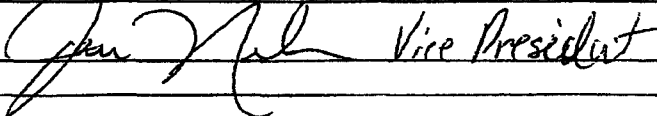
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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: 392681

Filed by: twotees

Filing Date: 12/14/2015

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 Lot 63

14 Folly Ct.

Linden, NC

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 392681

Filed on: 12/14/2015

Initially filed by: twotees

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (<http://www.liensnc.com>)

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Sweetwater Lot 63
14 Folly Ct.
Linden, NC, NC 28356
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Atlantic construction Inc.
7 Doris Ave. E.
Jacksonville, NC 28540
United States
Email: danny@atlanticconstructioninc.com
Phone: 910-938-9053

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # D5

Date 12.21.15
Job Name ALMUTIC CONST.

App # 37730

Valuation ^{\$} 205,920

Heated SQ Feet 2145

Garage 389

2534

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 NEW

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 15-50037730 Date 2/22/16
Property Address 14 FOLLY CT
PARCEL NUMBER 01-0544- - -0004- -71-
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 #63
7 DORIS AVE E
JACKSONVILLE NC 28540
(910) 938-9053

--- Structure Information 000 000 40.2X42 4 BR ATT GARAGE, PORCH, FIN BONUS
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc . . .
Phone Access Code . 1121359
Issue Date 1/21/16 Valuation 0
Expiration Date . . 1/20/17

Special Notes and Comments

T/S: 12/21/2015 07:55 AM DJOHNSON --
SWEETWATER #63
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.

	Page	2
Application Number	Date	2/22/16
15-50037730		
Property Address		
14 FOLLY CT		
PARCEL NUMBER		
01-0544- - -0004- -71-		
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		
1121359		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	JH AP	2/22/16
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
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	_____	___/___/___