	22117
Initial Application Date	

Application #	750040813
	CL I-II

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

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: JACKSONUILL State: NC Zip: 28540 Contact No: 910-346-9800 Email: bettybe 11 PNC. con APPLICANT*: ATLANTIC CONSTRUCTION TNG. Mailing Address: 7 DORIS AVE. E. City: Jacksonville State: N C Zip: 28540 Contact No: 910-938-9053 Email: aci @attenhecenstruction con *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Lee Huffman Phone # 910 - 330 - 9706 PROPERTY LOCATION: Subdivision: SweeT WATER Lot #: 36 Lot Size: 0.54 AC

State Road # 2044 State Road Name: Will Lucas RJ. 31 Rainmaku Map Book & Page: 2011 / 470 Parcel: 010544 0004 44 PIN: 0544-46-0297.000 Zoning: RA-20R Flood Zone: ___ Watershed: ___ Deed Book & Page: 2363 / 0941 Power Company*: South River Eletric *New structures with Progress Energy as service provider need to supply premise number SFD: (Size 53 x 40) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla __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: _____ 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: Rear Closest Side Sidestreet/corner lot

SPECIFIC DIRECTI	IONS TO THE PRO	PERTY FROM LII	LINGTON: 50	with	ON 40	0/	
TUR	N Rig	LT ON	To W.	Reeve	5 BRI	de R	1
Tunn	Left	ONTO	Will La	CAS R	24	<i>J</i>	
THEN	LeFT	ONTO	HYBRI	d La	,		
THRE	Right	onto	RAINMAK	ten 5	7		
				31.007480			
f permits are grante hereby state that fo	ed I agree to conforroregoing statements	n to all ordinances are accurate and	and laws of the State of correct to the best of my	North Carolina r knowledge. Pe	egulating such we rmit subject to rev	ork and the specifi ocation if false info	cations of plans submitte ormation is provided.
λ	The	TWA!	na	X	2-23	1017	
,	Signa	ture of Own or or	Owner's Agent	/ .			

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

NAME:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
IF THE INFORMATION PERMIT OR AUTHOR depending upon documents 910-893-75	h Department Application for Improvement Permit and/or Authorization to Construct ON IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT RIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration entation submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION #
 All proper lines must Place "orar out building Place oran If property evaluation All lots to for failure After prepa 800 (after seconfirmation Use Click2 Environmenta Follow aboon Prepare for possible and possible and possible and possible given at enual current e	It wirons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners. In the property flagged approximately every 50 feet between corners. In the propess of the proposed structure. Also flag driveways, garages, decks, go, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. In the property of the proposed structure and to assist in locating property. It is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil to be performed. Inspectors should be able to walk freely around site. Do not grade property. In the addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. It is proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note on number given at end of recording for proof of request. In the property is results. Once approved, proceed to Central Permitting for permits. I Health Existing Tank Inspections I Health Existing Tank Inspections Code 800 I Health Existing Tank Inspections I Health Exist
{}} Accepted	[] Innovative {\begin{center} \begin{center} \lambda
	{}} Other
The applicant shall no	otify the local health department upon submittal of this application if any of the following apply to the property in the is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES { X } NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES { X } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES { X } 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 { X } NO	Is the site subject to approval by any other Public Agency?
{ X }YES {_}} 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 App	olication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Gr	anted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
//	am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
x The A	That A Complete Site Evaluation Can Be Performed. 2-23-2017 ERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
PROPERTY OWN	EKS WKWMEKS LEGAL KEPKESENTATIVE SIGNATUKE (REQUIRED) DATE

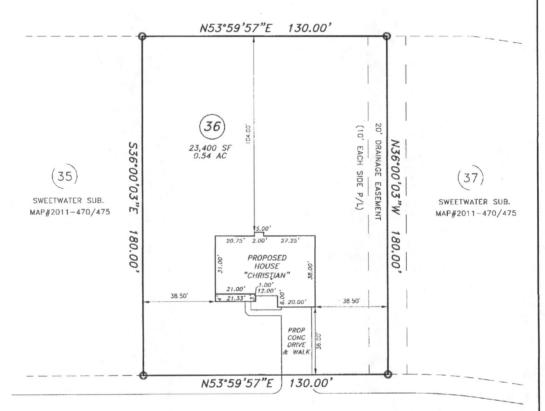


Vicinity Map (Not to Scale)

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



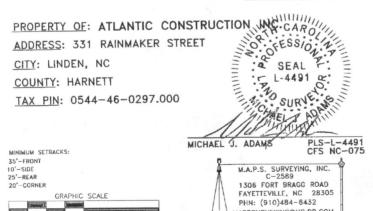
DIVERSIFIED INVESTORS, INC DEED BOOK 2363, PAGE 941 TRACT # 4 PLAT BOOK 2007, PAGE 323



RAINMAKER STREET 50' PUBLIC R/W

PLOT PLAN

MAPSSURVEYING@NC.RR.COM



TOWNSHIP: STEWARTS CREEK DATE: FEBRUARY 16, 2017

SCALE: 1" = 40'

REFERENCE: LOT 36

SWEEETWATER SUB MAP # 2011 PGS 470-475

NOTES

- THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN ITS ACCURACY.
- 2) THIS MAP IS FOR PERMITTING PURPOSES ONLY
- THIS MAP CAN NOT BE USED FOR RECORDATION OR ATTACHED TO A DEED TO BE RECORDED.

 THIS MAP IS NOT DRAWN IN ACCORDANCE WITH G.S. 47-30.

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

Owner's Name Diversifed Truesions Tuc	Date⊀
Site Address 331 Rain maker ST. Linden, Ni 29	356 Phone 910-346-9800
Directions to job site from Lillington South 401, Tunk	Right pato W. Reares Rada R
TURN LEFT ONTO WILL LINGUE Rd. TOWN LOF	T porto Hichoid In
Turn right out a RAIN Maken ST	
SubdivisionSweet w.rTen	Lot 36
Description of Proposed Work	# of Redrooms
Heated SF 1994 Unheated SF 476 Finished Bonus Room?	465 Crawl Space Slab
ATI ANTIN COLOTTO TO THE CONTRACTOR Information	
Building Contractor's Company Name	910-939-9053 Telephone
7 DORIS AUR E. TACKSON VIlle, NC 22540	acil attentic constitution for accom
Address	Email Address
37596 License #	
Electrical Contractor Information	on ,
Description of Work S.F.D. (New) Service Size	200_Amps T-Pole / YesNo
Tacheel Pride Flectrical Company Name	910-531-4371
P.O. Box 452 STEDMAN, NC 28391	Telephone
Address	Email Address
22985-4	
License # <u>Mechanical/HVAC Contractor Inform</u>	and the second
Pescription of Work SFD (New)	iation
CERTIFIED HENTING YAIR CONSTITUTION INC. 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	<u>n</u>
Description of Work 5.F.D. (New)	_# Baths 2 // 2
Dell Haire Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
Address	
24 204 P-1	Email Address
License #	
Insulation Contractor Information	
A- Insulation INC. P.O. Box 180 Hope M. II. NC 28348 Insulation Contractor's Company Name & Address	710-850-3462 Telephone
The second secon	i gightingig

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 Correction

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 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

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.

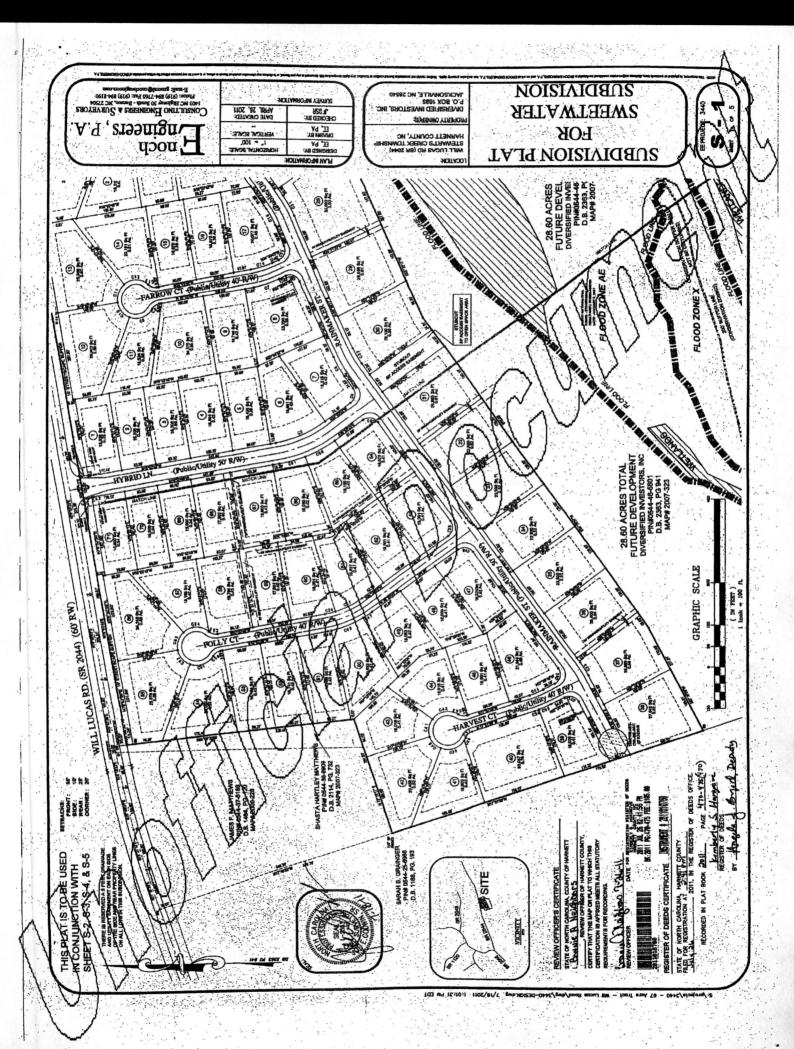
Should you have any questions or need any additional information concerning this authorization, please do not hesitate to contact me.

Sincerely,

Betty Bullock, President

DIVERSIFIED INVESTORS INC.

bb



LiensNC

Appointment of Lien Agent Related Filings

Designated Lien Agent

Investors Title Insurance Company

Entry Number: 60

606917

Filed by:

twotees

Filing Date:

02/21/2017

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 36

331 Rainmaker St.

Linden

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

Plan Box #_		Date_ Job Na Valuation 2016	me Atlantic Cons	171 14 L
<u>inspections i</u> Crawi	or SFD/SFA 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	
Foundation Su	vey <u>\U</u> S En	vir. Health New Septic	Other	- -
Additions / Oth Footing Foundation Slab Mono Open Floor				

Rough In____ Insulation____

Final____