| Owners Name Diversifed Trussions INC  | Date                                |
|---|-------------------------------------|
| Site Address 81 Fully CT. Linden, Ni 27:  | 756 Phone 910-346-9800              |
| Directions to job site from Lillington South 401, Town R.   | ght sato W. Rosves Bodge 2d         |
| Type LEFT outs Will Linear Ad, Time 10 FT   | onto Hypoid Law                     |
| Tunn signit and RAIN Mathen ST, Tunn  | Right outs Folks of                 |
|   | Lot                                 |
| Description of Proposed Work  | # of Bedrooms3                      |
| Heated SF 1994 wineated SF 476 Finished Bonus Room? Ye5 Crawl Space Slab Saperal Contractor Information |                                     |
| ATLANTIC CONSTRUCTION INC.  | 910-939-9053                        |
| Building Contractor's Company Name  | Telephone                           |
| 7 Dozis Aug E Tackson v. Ile, NC 28540  | <u>Caries Address</u> Email Address |
| 37596<br>License #  |                                     |
| Flecturesi Contractor Information   |                                     |
| Description of Work S.F.D. (New) Service Size   | 200 Amps T-Pole Yes No              |
| TARheel Pride FLECTERAL CORP  | 910-531-4371                        |
| Electrical Contractor's Company Name  | Telephone                           |
| P.O. Box 452 STE & MAN, NC 28391  | Email Address                       |
| 22985-4   |                                     |
| License #   |                                     |
| Mechanical/HVAC Contractor Information  |                                     |
| Percription of Work $SFD$ (New)   | Gio esta consti                     |
| Mechanical Contractor's Company Name  | 9/0 - 858 - 0000<br>Telephone       |
| Mechanical Contractor's Company Name  | raichtione                          |
| P. O. Box 1071 Hupe Mills, NC 28348   | Email Address                       |
| H3C1-20012  |                                     |
| License #   |                                     |
| Plumbing Contractor Information   | 1 - 1/-                             |
| Description of Work 5.FD. (New)   | # Baths 2 1/2                       |
| Dell Haine Plumbing Plumbing Contractor's Company Name  | 910-429-9935                        |
|   | Telephone                           |
| 7612 DOCLOBER TARY DR. FAYETTEUILLE, NL 28306   | Email Address                       |
| Address 32886   | FUISI VOCIES                        |
| License # Insulation Contractor Information   |                                     |
| A.   Insulation INC. P.C. Bex 180 Hope Mills NC 28343   | 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.

| 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  |
| 9-8-17  |
| 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 9-8-17  |
|   |

## DIVERSIFIED INVESTORS INC. P.O. BOX 1685 – 405 JOHNSON BLVD. JACKSONVILLE, NC 28540 (910) 346-9800 – FAX (910) 346-1210

E-mail: bettyba fipus con

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.

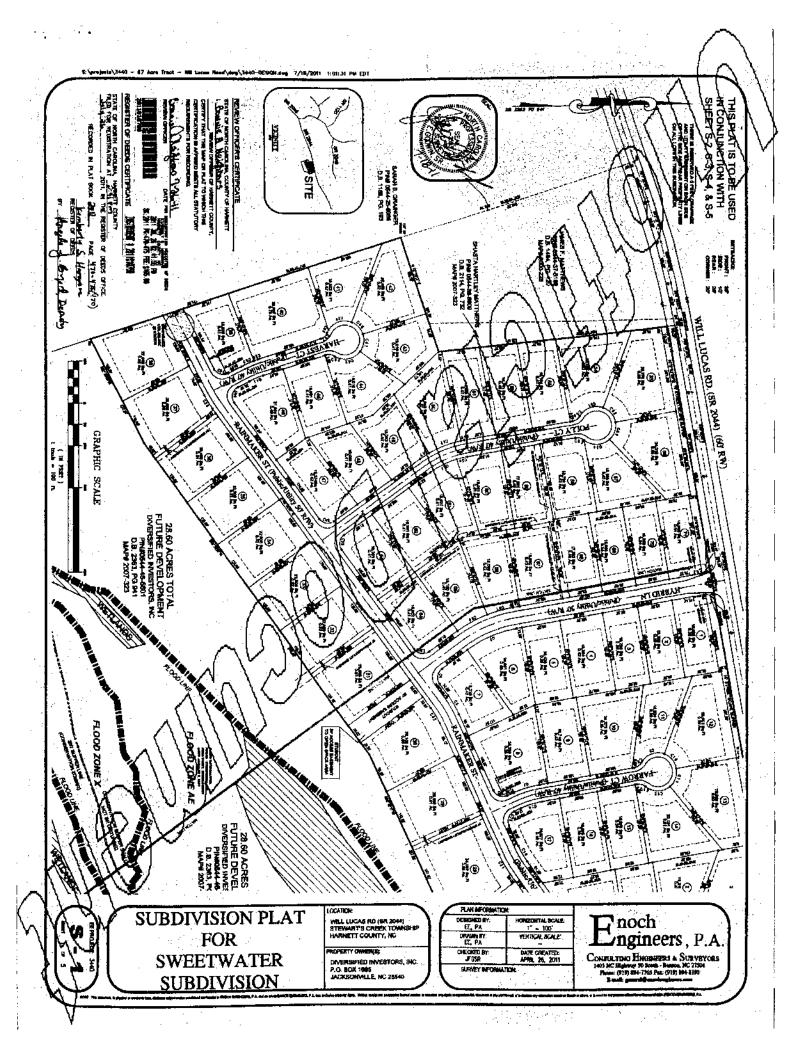
Sincerely,

Betty Bullock, President

Betty Biller

DIVERSIFIED INVESTORS INC.

bb





## **Appointment of Lien Agent Related Filings**

**Designated Lien Agent** 

Investors Title Insurance Company

Entry Number: 717570

Filed by: twotees

Filing Date: 09/08/2017

Online: www.liensnc.com

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

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville NC 28540

United States 910-938-9053

danny@atlanticconstructioninc.com

**Project Property** 

Sweetwater Lot 51

81 Folly Ct.

Linden 28356 Harnett County

Property Type: 1-2 Family Dwelling Date First Furnished:

Comments

No comments have been made.