

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 INVESTORS INC. Date _____
Site Address 82 Folly CT Linden, NC 28356 Phone 910-346-9800
Directions to job site from Lillington South 401, Turn Right onto W. Reeves Bridge Rd.
Turn Left onto Wil Lucas Rd, Turn Left onto Hybrid Ln.
Turn Right onto Rainmaker St., Right onto Folley Ct
Subdivision SWEATWATER Lot 60
Description of Proposed Work S.F.R. # of Bedrooms 3
Heated SF 2140 Unheated SF 596 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.R. (NEW) Service Size 200 Amps T-Pole Yes _____ No _____
TARHEEL PRIDE ELECTRICAL CORP.
Electrical Contractor's Company Name
P.O. Box 458 STEDMAN, NC 28391
Address
22985-L
License # _____

910-531-4371
Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work S.F.R. (NEW)
CERTIFIED HEATING & AIR CONDITIONING, LLC
Mechanical Contractor's Company Name
P.O. Box 1071 Hope Mills, NC 28348
Address
H 3 C 1 - 20012
License # _____

910-858-0000
Telephone

Email Address

Plumbing Contractor Information

Description of Work S.F.R. (NEW) # Baths _____
DELL HAIRE PLUMBING
Plumbing Contractor's Company Name
7612 DOCUMENTARY DR. FAYETTEVILLE, NC 28306
Address
32886 P-1
License # _____

910-429-9939
Telephone

Email Address

Insulation Contractor Information

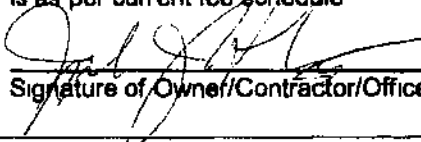
A-I INSULATION INC. P.O. Box 180 Hope Mills, NC 28348
Insulation Contractor's Company Name & Address

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

10-3-17
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

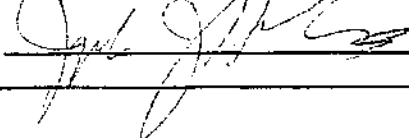
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 10-3-17

Designated Lien Agent

Investors Title Insurance Company

Entry Number: 732049

Filed by: twotees

Filing Date: 10/03/2017

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

United States

910-938-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Lot 60

82 Folly Ct.

Linden

28356

Harnett County

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.