Initial Application Date: 5 -2(1)

Application #	750041500
	CI#

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 State: NC Zip: 28540 Contact No: 910-346-9800 Email: 6-77-6@ 1100-300 APPLICANT : ATLANTIC CONSTRUCTION TNC. Mailing Address: 7 DORIS AVE. E. City: <u>Jacksonville</u> State: <u>N</u> Cip: <u>28540</u> Contact No: 910-938-9053 Email: <u>ac. Battanteconstruction</u> *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 #: 38 Lot Size: 0.62 AC

State Road # 2044 State Road Name: Will Lucas Rd. 1379 Rainmak(Map Book & Page: 2011 / 470 PIN: 0544-36-8163,000 Parcel: 0/0544 0004 46 Deed Book & Page: 2363 / 0941 Power Company .: South River Eletric Zoning: RA-20R Flood Zone: X Watershed: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: SFD: (Size 40 x 40) # Bedrooms: 4 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: 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: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Minimum Front Closest Side Sidestreet/corner lot__

_	Right	PROPERTY FROM	W. Reeves Bridge Rd
122	LeFT	ONTO	Will Lucas Rd
nn	LeFT	ONTO	Hybrid LN
urn	Right	ONTO	RAIN MAKER ST
-			
site are gran	nted Lagree to co	oform to all ordinar	nces and laws of the State of North Carolina regulating such work and the specifications of plans sub
y state that	t foregoing statem	ants are accurate	and correct to the best of my knowledge. Permit subject to revocation if false information is provided
	X Z	u My	r o/ Oylner's/Agent Date
	51	grature of Owner	Joseph Jagoni

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: ATLANTIC	LONSTRUCTION IN	٤-	APPLICATION #:_	41500
	This application to be f	filled out when applying f	for a septic system inspe	ction.
County Health	5. 이 전 11.10.10 10 10 11 11 1 1 1 1 1 1 1 1 1		The state of the s	orization to Construct
IF THE INFORMATION	IN THIS APPLICATION IS F	FALSIFIED, CHANGED, OF	R THE SITE IS ALTERED,	THEN THE IMPROVEMENT
PERMIT OR AUTHORIZ	ATION TO CONSTRUCT SI	HALL BECOME INVALID.	The permit is valid for either	er 60 months or without expiration
depending upon document	ation submitted. (Complete si	te plan = 60 months; Comple	ete plat = without expiration)	022270-LL
Fovironmental b	o option 1 Health New Septic Syste	omCodo 900	CONFIRMATION #_	5-26-17
			nerty flags" on each co	rner iron of lot. All property
	clearly flagged approxim			Thei hor or lot. All property
		가게하다. C. 1 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전		g driveways, garages, decks,
	swimming pools, etc. Pl			
				assist in locating property.
				ndergrowth to allow the soil
	be performed. Inspector			
	uncover outlet lid, mar			urn trip fee may be incurred
				1 to schedule and use code
				ealth inspection. Please note
	number given at end of re			
	ov or IVR to verify results	되어 하는 경기에 가는 아니는 아니라 이렇게 하는 것 같아. 그 아니는 그 그 그래요?	eed to Central Permitting	g for permits.
	lealth Existing Tank Ins			
	instructions for placing f			
	nspection by removing s I then put lid back in pla			tes, and lift lid straight up (if
• DO NOT LEAN	/E LIDS OFF OF SEPTIC T	ICE. (Onless inspection i	is for a septic tank in a r	nobile nome park)
			at 910-893-7525 option	1 & select notification permit
				e note confirmation number
	of recording for proof of r			
	ov or IVR to hear results.	Once approved, procee	ed to Central Permitting	for remaining permits.
SEPTIC If applying for outhorize	ation to construct please indic	note desired existent type(s).	oon he ranked in order of r	wafaranaa must shaasa ana
	사람들은 사람들이 가는 이번 가는 것이 없는 것이 없어 있는 것이 바람들이 하고 있었습니다. 회에는 사람들이 없었다.			reference, must choose one.
{}} Accepted		{X} Conventional	{}} Any	
{}} Alternative	{}} Other			
The applicant shall noti	fy the local health departme	ent upon submittal of this	application if any of the fo	llowing apply to the property in
	is "yes", applicant MUST			
./				
{_}}YES { X } NO	Does the site contain an	y Jurisdictional Wetlands?	?	
$\{_\}$ YES $\{X\}$ NO	Do you plan to have an	irrigation system now or in	n the future?	
{_}}YES { X } NO	Does or will the building	g contain any drains? Plea	se explain	
{}}YES {_X} NO	Are there any existing v	vells, springs, waterlines of	r Wastewater Systems on	this property?
{_}}YES {X} NO	Is any wastewater going	g to be generated on the site	e other than domestic sew	age?
$\{_\}$ YES $\{X\}$ NO	Is the site subject to app	proval by any other Public	Agency?	

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.

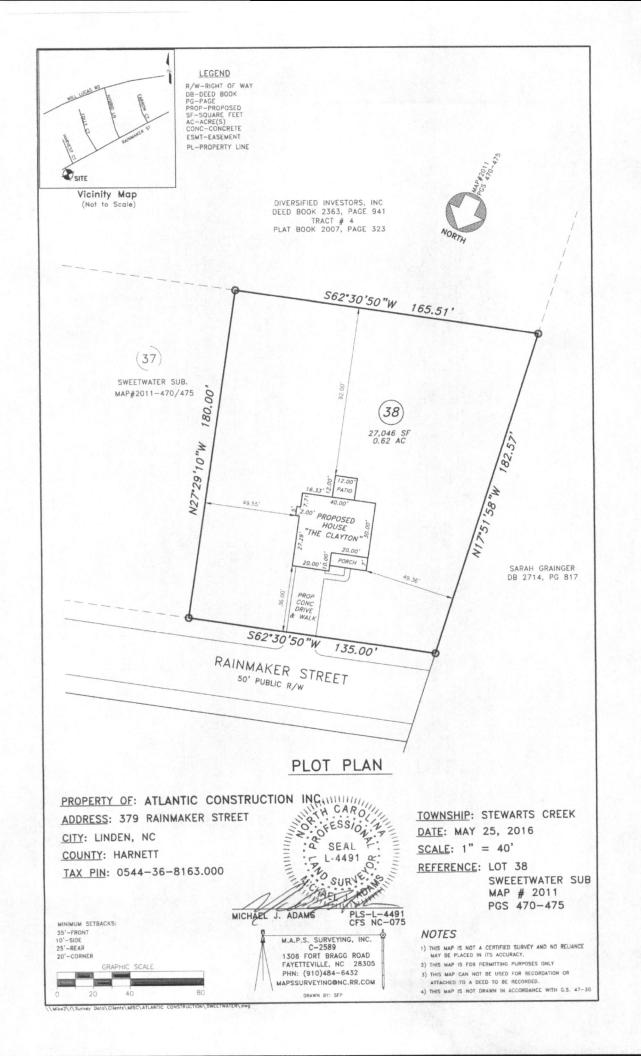
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Does the site contain any existing water, cable, phone or underground electric lines?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Are there any Easements or Right of Ways on this property?

{_}} NO



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

Owners Name Diversifed Truesions INC	
Site Address 379 RAINMAKER ST. Linden, Ni 29	356 Phone 910-346-9800
Directions to job site from Lillington South 401, Tunk	Right on To W. Roove 5 Boide Rd
Turn LEFT ONTO WILL LINEAR TOWN LEFT	onto Hybrid La
Turn right on a RAIN Maken ST	
Subdivision Sweet water	Lot38
Description of Proposed Work 5. F. D.	
Heated SF 22/2 µ nheated SF 528 Finished Bonus Room? > Seneral Contractor Information	125 Crawl Space Slab
AFLANTIC CONSTANCTION INC.	910-939-9053 Telephone
Building Contractor's Company Name	
7 DORIS AUR E. TACKSON VIlle, NC 28540	Email Address
37596	
License # Electrical Contractor Information	n
Description of Work S.F.D. (New) Service Size	200 Amps T-Pole Yes_No
TARkeel Pride Electrical Comp	910-531-4371
Electrical Contractor's Company Name	Telephone
P.O. Box 452 STED MAN, NC 28391 Address	Email Address
22975-6	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work S.F.D. (New)	-
CERTIFIED HENTING YAIR CONSITIONING, ILC	910-858-0000
Mechanical Contractor's Company Name	Telephone
Pa O. BOX 1071 Hope Mills, NC 28348	
Address	Email Address
<u>H3C1-20012</u> License #	
Plumbing Contractor Information	- 1/
Description of Work 5.F.D. (New)	# Baths 2/2
Plumbing Contractor's Company Name	910-429-9939
	Telephone
7612 DOCUMENTARY DR. FAYETTEUILLE, NC 28306	Email Address
24 204 P-1	Lilian Addiess
License #	
Insulation Contractor Information	
A- Insulation Inc. P.C. Box 180 Hope Mills NC 28348 Insulation Contractor's Company Name & Address	910-850-3462 Telephone
Insulation Contractor's Company Name & Address	. 0.001.01.0

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 5-26-17 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 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

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



Appointment of Lien Agent Related Filings

Designated Lien Agent

Investors Title Insurance Company

Entry Number: 659477

Filed by: twotees

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

Filing Date: 05/25/2017

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville NC 28540

910-938-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Lot 38

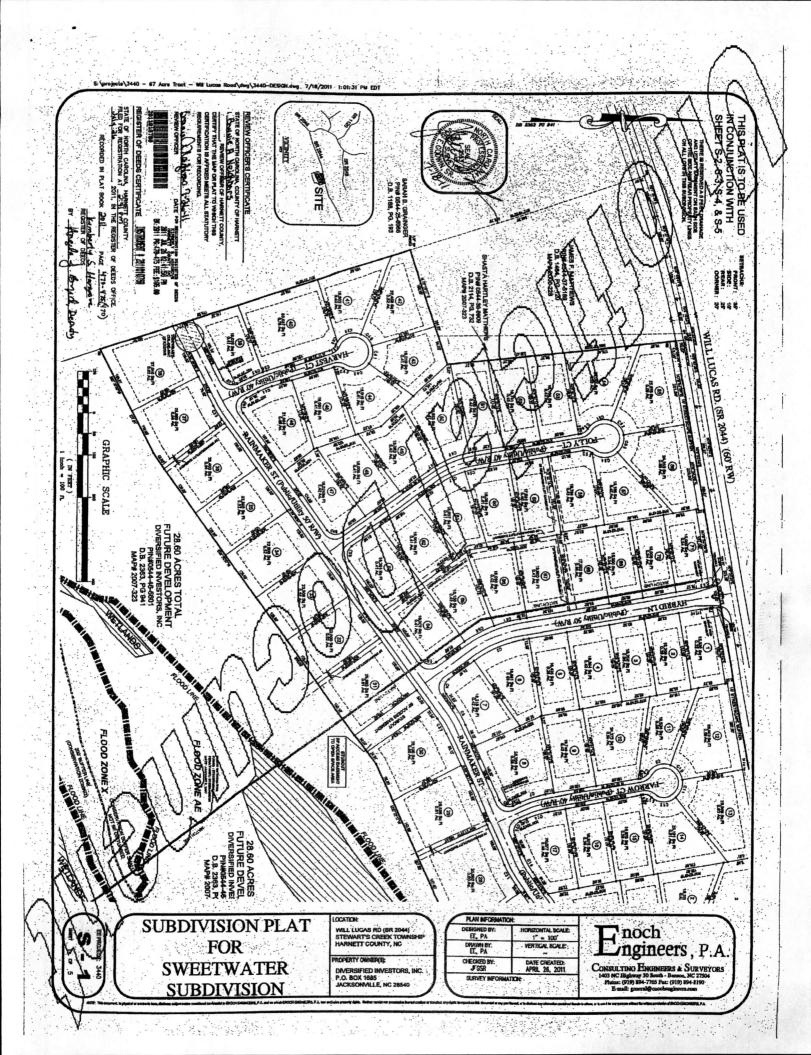
379 Rainmaker St.

Linden NC 28356

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

Comments

No comments have been made.



Print this page



Legal Description:

LT#38 SWEETWATER SD M2011-470 0.62AC

PID: 010544 0004 46

PIN: 0544-36-8163.000

REID: 0076965

Subdivision: 2011-470 Deeded Acreage: 0.62 ac Total Acreage: 0.62289946 ac Account Number: 1400030559

Owners: DIVERSIFIED INVESTORS INC

Owner Address: PO BOX 1685 JACKSONVILLE, NC 28540-0000

Property Address: 379 RAINMAKER ST LINDEN, NC 28356

City, State, Zip: , NC, **Building Count: 0** Township Code: 01

Fire Code:

Parcel Building Value: \$0 Parcel Outbuilding Value: \$0 Parcel Land Value: \$28000 Parcel Special Land Value: \$0

Total Value: \$28000 Parcel Deferred Value: \$0 Total Assessed Value: \$28000

Harnett County GIS

Tax Data Last Modified:

Calculated Land Units / Type: LT ac

Neighborhood:

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft Sale Month and Year: 4 / 2007

Sale Price: \$0

Deed Book & Page: 2363-0941

Plat Book & Page: 2011-470

Instrument Type: DE Vacant or Improved: QualifiedCode: D Transfer or Split:

Prior Building Value: \$0 Prior Outbuilding Value: \$0 Prior Land Value: \$25000 Prior Special Land Value: \$0

Prior Deferred Value: \$0 Prior Assessed Value: \$25000

Prior Land Units: 1 ac





Zoom in

○ Zoom out

Pan



Map Scale = One Inch = 45 feet

Owner Information:

PID	010544 0004 46
NAME	DIVERSIFIED INVESTORS INC
ADDRESS	No Data
CITYST	JACKSONVILLE, NC 28540-0000
ACRES	0.6228995

Zoning Overlay Results

ID	Zoning	Acres	
365	RA-20R	0.62	

Download

Resills olygon_010544____0004_46.zip

HARNETT COUNTY CAMA

5/25/2017 2:52:44 PM

WEBVIEWER Return/Appeal Parcel: 01-0544- - -0004-DIVERSIFIED INVESTORS INC Notes: -46 PLAT: UNIO ID SPLIT FROM ID 379 RAINMAKER ST LINDEN 28356 2011/470 222346 282116 1400030559 ID NO: 0544-36-8163.000 COUNTY WIDE ADVALOREM TAX (100), WEST AREA FIRE ADVALOREM TAX CARD NO. 1 of 1 (100) Reval Year: 2017 Tax Year: LT#38 SWEETWATER SD M2011-470 0.62AC 1 000 IT SRC= 2017 LAST ACTION Appraised by 14 on 01/01/2017 00154 SWEETWATER S/D TW-01 CI-FR-EX-20170302 CONSTRUCTION DETAIL MARKET VALUE DEPRECIATION CORRELATION OF VALUE TOTAL POINT VALUE Eff RASE CREDENCE TO **BUILDING ADJUSTMENTS** USEMOD Area RATE EYBAYE DEPR. BUILDING VALUE - CARD 01 00 TOTAL ADJUSTMENT FACTOR % GOOD TOTAL QUALITY INDEX DEPR. OB/XF VALUE - CARD TYPE: SINGLE FAMILY RESIDENTIAL MARKET LAND VALUE - CARD 28,000 TOTAL MARKET VALUE - CARD STYLE: 28,000 TOTAL APPRAISED VALUE - CARD 28,000 TOTAL APPRAISED VALUE - PARCEL 28,000 TOTAL PRESENT USE VALUE - PARCEL TOTAL VALUE DEFERRED - PARCEL TOTAL TAXABLE VALUE - PARCEL 28,000 PRIOR BUILDING VALUE OBXF VALUE I AND VALUE 25,000 PRESENT USE VALUE DEFERRED VALUE TOTAL VALUE 25,000 PERMIT CODE DATE NOTE NUMBER AMOUNT ROUT: WTRSHD: SALES DATA OFF. RECORD DATE INDICATE SALES DEED BOOK PAGE MOYR 02363 0941 4 2007 TYPE PRICE DE DV HEATED AREA NOTES ORIG % SIZE ANN DEP OB/XF DEPR SUBAREA UNIT CODEQUALITY DESCRIPTION COUNTLY WITH UNITS PRICE COND BLDG# FACT RATE OVR COND VALUE RPL GS TYPE AREA CS TOTAL OB/XF VALUE FIREPLACE SUBAREA TOTALS **BUILDING DIMENSIONS** LAND INFORMATION ADJUSTMENTS AND COND NOTES LAND TOTAL HIGHEST AND USE LOCAL FRON DEPTH LND ROAD UNIT LAND UNT TOTAL ADJUSTED LAND OVERRIDE LAND **UNIT PRICE** VALUE VALUE BEST USE CODE ZONING TAGE DEPTH / SIZE MOD FACT PRICE UNITS TYP **ADJST** NOTES 0100 RA-20R 0 0 1.0000 0 1.0000 28,000.00 1.000 IT 1.00 28,000.00 2800 28,000 TOTAL MARKET LAND DATA TOTAL PRESENT USE DATA