Initial Application Date: (1) 23

Nearest Building on same lot

Application #	175004	1697
	A1.1#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: DI VERSIFED INVESTORS INC. Mailing Address: P.O. Box 1685 City: JACKSONVILL State: NE Zip: 28540 Contact No: 910-346-9800 Email: 62746@ LANC. con APPLICANT: ATLANTIC CONTRUCTION INC. Mailing Address: 7 DORIS AVE. E. State: A/ C Zip: 28540 Contact No: 910-938-9053 Email: aci Ballou lucius lasciticas com CONTACT NAME APPLYING IN OFFICE: Lee HUFF MAN Phone # 910 - 330 - 9706 PROPERTY LOCATION: Subdivision: Sweet water State Road # 2044 State Road Name: Will Lucas RJ. /77 Rain Maker Mas Book & Page: 2011 / 470 Parcel: 010544 0004 35 PIN: 0544-57-2030.000 Watershed: ____ Deed Book & Page: 2363 / 0941 Power Company*: South Riven Electric Zoning: RA-20R Flood Zone: *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: SFD: (Size 40 x 40) # Bedrooms: 4 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) 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: 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 nundred 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: Minimum Front Actual Rear Closest Side Sidestreet/corner lot

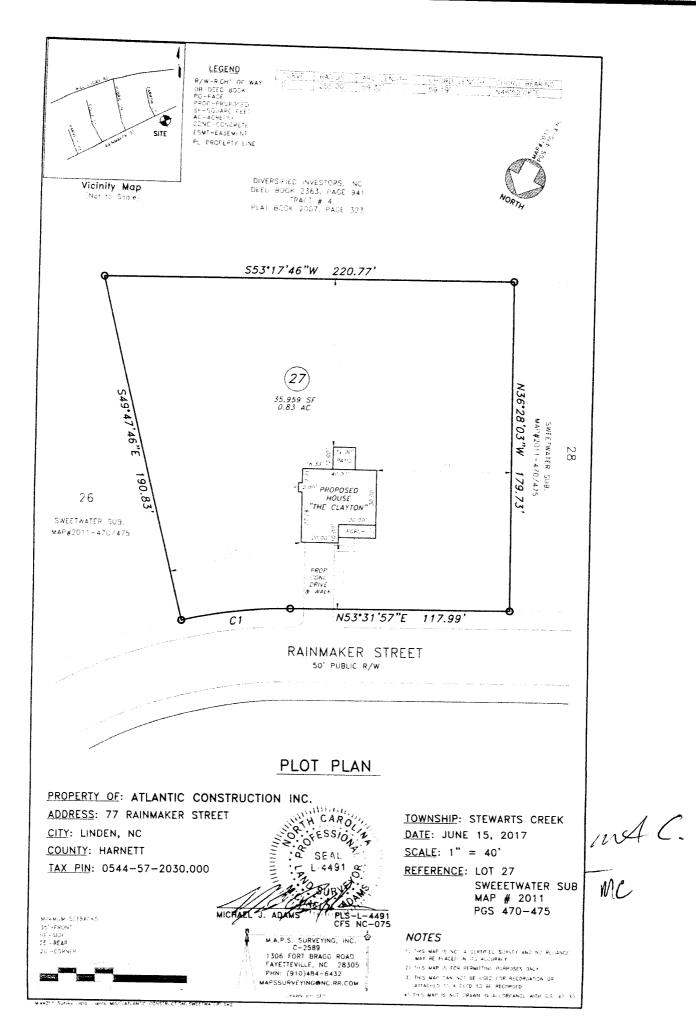
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 50 a.Th 00 40/
THRN RIGHT ONTO W. Reeves Bridge Rd
Type Left ONTO Will LUCAS Rd
THEN LEFT ONTO HYBRID LN
THRE LETT ONTO RAINMAKER ST
If permits are granted Lagree to conform to all ordinances and law of the Change
If permits are granted I agree to 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's Agent Pate
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**

NAME: ATLANTIC CONSTRUCTION INC APPLICATION #: *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. 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

appryme	5 TOT AUGIOTIZAG	for to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acc	epted	{} Innovative { } Conventional { } Any		
{}} Alte	ernative	{}} Other		
The applic question.	ant shall notify If the answer is	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{}}YES	{ ∠ } NO	Does the site contain any Jurisdictional Wetlands?		
{}}YES	{ ∠ } NO	Do you plan to have an <u>irrigation system</u> 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?		
{\overline{YES}	{_}} NO	Are there any Easements or Right of Ways on this property?		
{}}YES	(L) 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 Officia	als Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.		
I Understan	d That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making		
The Site Acc	essible So. 7/1 at	A Complete Site Evaluation Can Be Performed.		
t Y	0 7/1	TXVIII		
PROPERT	Y OWNERS	OROWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE		
		TAY WILLIAM DEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE		



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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 Investors INC	Data
Site Address 77 Rawmaken ST. Linden, Ni 29	735 / Phone 9/2 2/1/ 5/70
Directions to job site from Lillington South 401, Tank	10 - 17 T 11 0
Turn LEFT ONTO WILL LINGUE AND TIME LOF	TO TO W. PODVES KONGO
Tuan page of a Rain maken ST	onto Mybrid La
Subdivision	
Second of the se	Lot
	# of Bedrooms
Heated SF 2212 Unheated SF 528 Finished Bonus Room? Juneated SF 528 Finished Bonus Room?	Crawl Space Slab
ATLANTIC CONSTRUCTION INC.	
Building Contractor's Company Name	<u>910-939-9053</u> Telephone
7 DORIS AUR. E. TALKSONVIlle, NK 22540	aci Battante constantinoline - com
Address	Email Address
Electrical Contractor Information	,
Description of Work 5.F. (New) Service Size	200 Amps T-Pole / Ves No
MRheel Pride Electrical Conp	
clectrical Contractor's Company Name	910 - 531 - 4371 Telephone
P.O. Box 457 STERMAN, NC 28391	
Address	Email Address
22975-L License #	
Mechanical/HVAC Contractor Inform	nation
Pescription of Work SFD (New)	indion.
CERTIFIED HEATING YAIR CONSITIONING LLC	910 050 0000
Mechanical Contractor's Company Name	910 - 858 - 0000 Telephone
Pa O. ROX 1071 Hope Mills, NC 28348	
Address	Email Address
H3C1-20012	
License # Plumbing Contractor Informatio	_
Description of Work 5.FD. CNew)	<u>"</u>
Dall the District of the Distr	# Baths 2 1/2
Dell Haine Plumbing Plumbing Contractor's Company Name	910 - 429 - 9939 Telephone
	relephone
7612 Documen Tany DR. FAGETTE Wille, NC 28306	Email Address
<u>24 204 P-1</u> .icense #	
Insulation Contractor Information	
9- Insulation INC. P.O. Box ISC Hope Mills NC 28348 Insulation Contractor's Company Name & Address	910-850-3462 Telephone
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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 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 Company or Name Sign w/Title

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

E-mail: beta blujtmic.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.

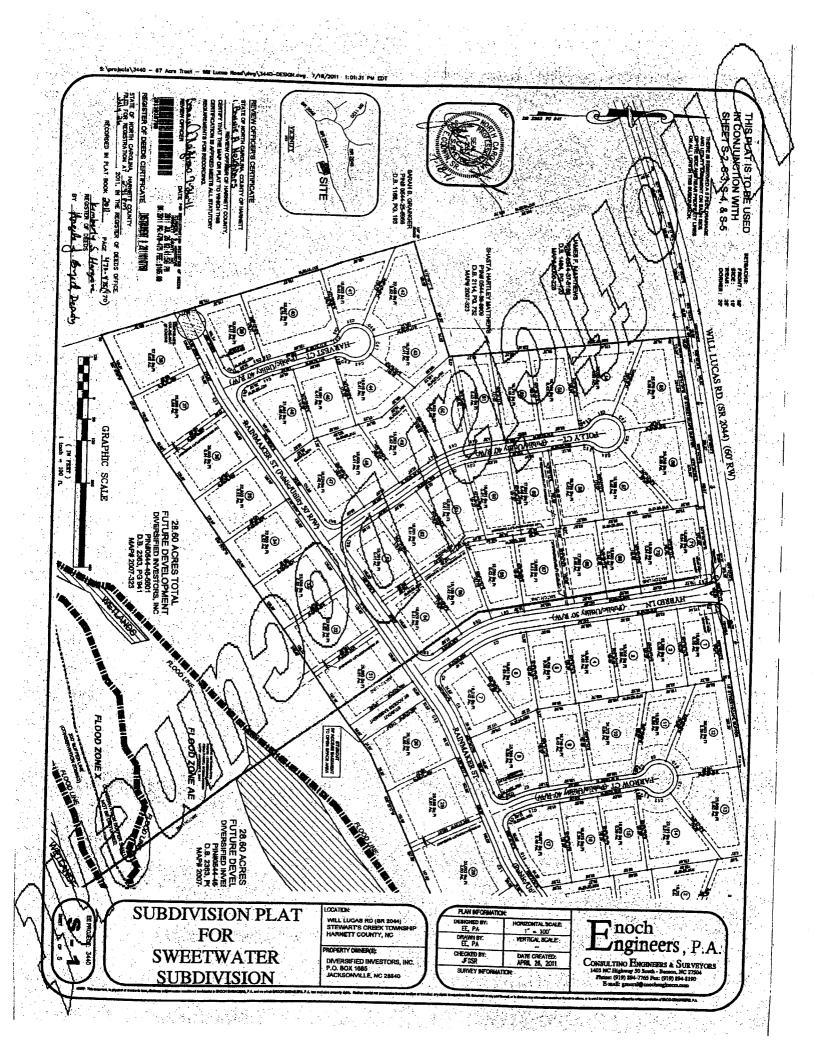
Should you have any questions or need any additional information concerning this authorization, please do not hesitate to contact me.

Sincerely,

Betty Bullock, President

DIVERSIFIED INVESTORS INC.

bb



LiensNC

Appointment of Lien Agent Related Filings

Designated Lien Agent

Investors Title Insurance Company

Entry Number: 670219

Filed by: two

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: 06/14/2017

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville NC 28540

910-938-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Lot 27

77 Rainmaker St.

Linden NC 28356

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

Comments

No comments have been made.