	~	1	1	
Initial Application Date:_	4/	11	117	

Application # _	17-50042239	
	CU#	

## COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

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: JACKSONVILLE State: NC Zip: 28540 Contact No: 910-346-9800 Email: betty be SLANC. com APPLICANT : ATLANTIC CONSTANCTION TWO. Mailing Address: 7 DORIS AVE. E. State: N C Zip: 28540 Contact No: 910-938-9053 Email: ac. Battenticonstructioned com City: Tacksonville State: No. \*Please fill out applicant information if different than landowne CONTACT NAME APPLYING IN OFFICE: Lee HUFF MAN Phone # 910-330-9706 Sweet water Lot # 51 Lot Size: 0.42 AC PROPERTY LOCATION: Subdivision: State Road # 2044 State Road Name: Will Lucas Rd. Parcel: 010544 0004 59 PIN: 0544-36-9950.000 Zoning: RA-20R Flood Zone: X Watershed: GIS Deed Book & Page: 2363 / 0941 Power Company : South Riven Electric \*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_from Progress Energy PROPOSED USE: SFD: (Size 53 x 40 ) # Bedrooms: 3 # Baths: 21 Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: Monolithic (Is the bonus room finished? (\_\_) yes (\_\_) no w/ a closel? (\_\_) yes (\_\_) no (if yes add in with # bedrooms) ) # 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 hundred feet (500') of tract listed above? (\_\_\_) yes (\_\_\_) no Does the property contain any easements whether underground or overhead ( ) yes | ) no drainage easement Manufactured Homes: Other (specify): Structures (existing or proposed): Single family dwellings: Required Residential Property Line Setbacks: Comments: Rear Closest Side Sidestreet/corner lot Nearest Building

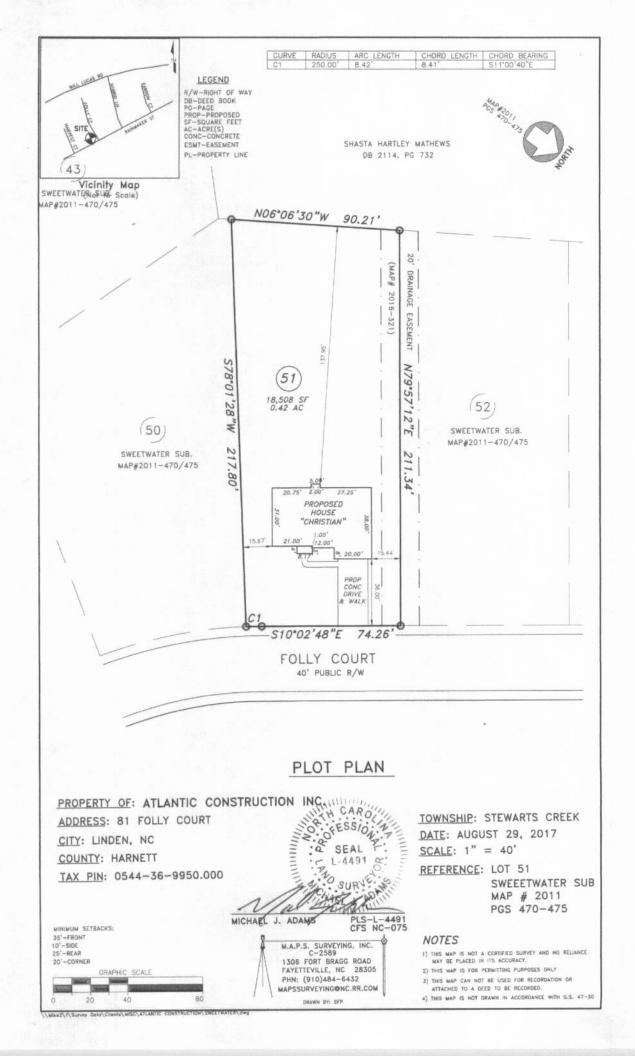
Tunn	Left of	VTO Will	Lucas	Rd BRIDS.	s VG
	LEFT ON				
	Right on				
Tynn R.	white on	TO F	olly CT.	81 Foll	Ct.

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.

Signature for owner's Agent 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\*\*



{}} Accepte	ed	[] Innovative [] Conventional [] Any
{}} Alternat	ive	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {_	X) NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {2	<u>₹</u> } NO	Do you plan to have an irrigation system now or in the future?
{_}}YES {	K) NO	Does or will the building contain any drains? Please explain
{}}YES {_	X NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {	X 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 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 Ascessible So That A Complete Site Evaluation Can Be Performed.

OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Owners Name Diversifed Investors INC	Date
Site Address 81 Folly LT. Linden, Ni 2	2356 Phone 910-346-9800
Directions to job site from Lillington South 401, Tank	Right pato W. Rooves Boidge
Turn LEFT outo Will Linear Ad. Times Let	Tonto Hybrid Low
Turn signit and Rainmaken ST, Tun	in Right onto Folk at
Subdivision Sweet water	Lot5 /
Description of Proposed Work 5. F. D.	# of Bedrooms 3
Heated SF 1994 unheated SF 476 Finished Bonus Room?	Ve5 Crawl Space Slab /
ATLANTIC CONSTANTION INC.	910-939-9053
Building Contractor's Company Name	Telephone
Address	Email Address
37596 License #	
Fiectural Contractor Information	tion
Description of Work S.F.D. (New) Service Size	e 200 Amps T-Pole V Yes No
TARheel Pride FLECTRIAL CORP	910 - 531 - 4371 Telephone
Electrical Contractor's Company Name	Telephone
P.O. Box 452 STEE MAN, NC 28391 Address	Email Address
22985-4	
License #	
Mechanical/HVAC Contractor Info	rmation
rescription of Work <u>S.F.D.</u> (New)	Cia Total
CERTIFIED HEATING YAIR CONSTRONING, LLC	9/0 - 858 - 0000 Telephone
Mechanical Contractor's Company Name	relephone
Address Address	Email Address
H3C1-20012 License #	
Plumbing Contractor Information	tion _ //
Description of Work S.F.D. (New)	# Baths 2 1/2
Dell Haine Plumbing	910-429-9939
Plumbing Contractor's Company Name	Telephone
7612 DOCHMEN TARY DR. FAYETTE Wills, NL 28306	F 1831
Address 2009 4	Email Address
24 204 P 1 3188 6 License #	
insulation Contractor Informa	tion
A. I Insulation INC. P.C. Bex 180 Hope Mills Ni 28348	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 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

ATLANTIC CONSTRUCTION INC.

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: bettyb(a)lpnc.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.

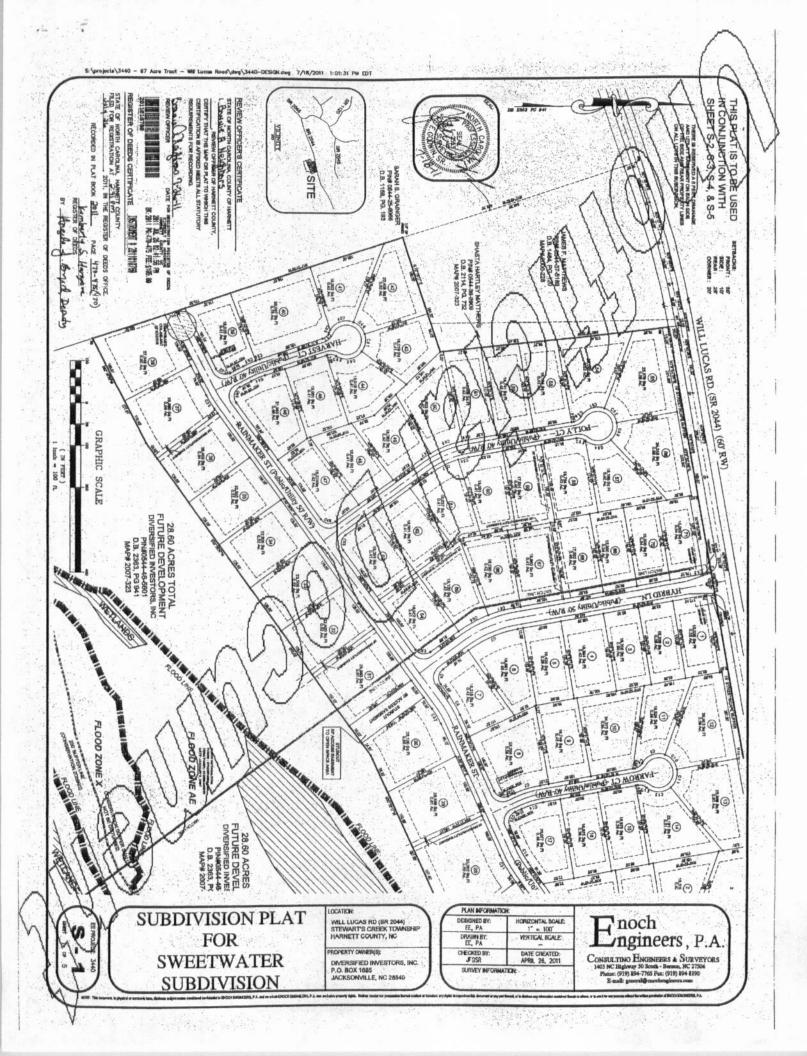
Sincerely,

Betty Bullock, President

Better Bullock

DIVERSIFIED INVESTORS INC.

bb



## **LiensNC**

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

**Designated Lien Agent** 

Investors Title Insurance Company

Entry Number: 71

717570

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: 09/08/2017

28540

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

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.

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: BPETRICH Type: CP Drawer: 1
Date: 9/11/17 51 Receipt no: 81590

Year Number 2017 50042239 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES Amount

NEW FANK

ATLANTIC CONSTRUCTION

Tender detail CP CREDIT CARD Total tendered Total payment

\$750.00 \$750.00 \$750.00

\$750.00

Trans date: 9/11/17

Time: 15:33:19

\*\* THANK YOU FOR YOUR PAYMENT \*\*