

Initial Application Date: 5/18/18

Application # 1850044058

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**  
Central Permitting 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: Diversified Investors Inc Mailing Address: - PO Box 1685

City: Jacksonville State: NC Zip: 28540 Contact No: \_\_\_\_\_ mail: \_\_\_\_\_

APPLICANT: Kent Albertson Mailing Address: 7 Doris Ave E

City: Jacksonville State: NC Zip: 28540 Contact No: 910-389-1351 Email: Kent@atlanticconstructioninc.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kent Albertson Phone # 910-389-1351

PROPERTY LOCATION: Subdivision: Sweetwater Lot #: 19 Lot Size: 0.37

State Road # \_\_\_\_\_ State Road Name: Will Lucas / 26 Rainmaker St Map Book & Page: 2011 1470-495

Parcel: 010544 0004 27 PIN: 0544-57-1340.00

Zoning: RA-200 Flood Zone: X Watershed: NO Deed Book & Page: 2363, 941 Power Company: South River

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

SFD: (Size 50 x 50) # Bedrooms: 4 # Baths: 3 Basement (w/wo bath): \_\_\_\_\_ Garage:  Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab:  Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) 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:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply:  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 (input checked="" type="checkbox"/> no

Does the property contain any easements whether underground or overhead ( ) yes (input checked="" type="checkbox"/> no

Structures (existing or proposed): Single family dwellings:  Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 36.2'  
Rear \_\_\_\_\_ 94.21'  
Closest Side \_\_\_\_\_ 19.70'  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Main Street to 210 South 2 1/2  
miles to Elliot Bridge Rd on left 5.2 miles turn left onto  
Will Lucas Rd. 1.3 miles to Sweetwater on Right

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.

Keert Utter  
Signature of Owner or Owner's Agent

5/18/18  
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

APPLICATION #: 44058

**\*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 # 027777-11

**Environmental Health New Septic System** Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property 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.

5/18/18

**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.

- Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system 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?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     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 Accessible So That A Complete Site Evaluation Can Be Performed.**

Kent Altman

5/18/18

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

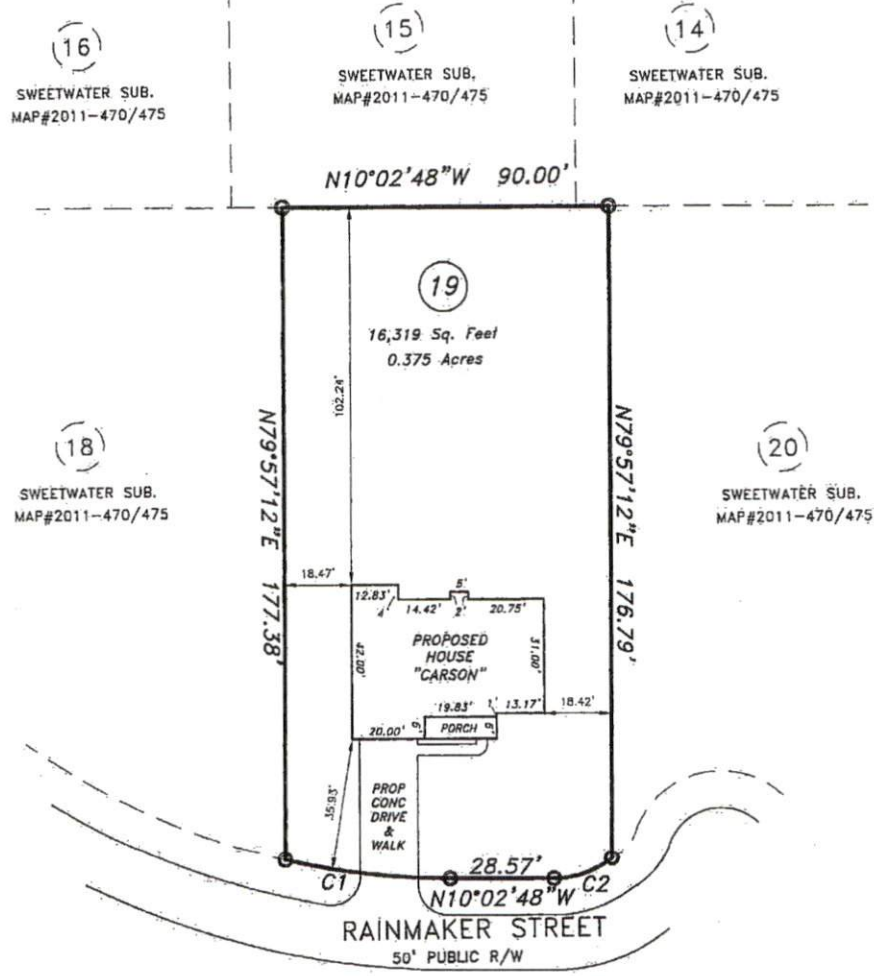
DATE



Vicinity Map  
(Not to Scale)

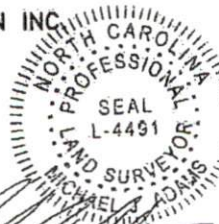
**LEGEND**  
 R/W-RIGHT OF WAY  
 DB-DEED BOOK  
 PG-PAGE  
 PROP-PROPOSED  
 SF-SQUARE FEET  
 AC-ACRE(S)  
 CONC-CONCRETE  
 ESMT-EASEMENT  
 CP-COMPUTED POINT  
 AG-ABOVE GROUND  
 BG-BELOW GROUND  
 EIR-EXISTING IRON REBAR  
 SIR-SET IRON REBAR

CURVE TABLE				
CURVE	RADIUS	ARC LENGTH	CHORD	BEARING
C1	205.00	45.91	45.81	N03°37'53"W
C2	25.00	17.23	16.90	N29°47'47"W



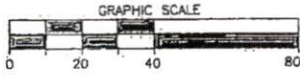
**PLOT PLAN**

**PROPERTY OF:** ATLANTIC CONSTRUCTION INC  
**ADDRESS:** 26 RAINMAKER STREET  
**CITY:** LINDEN, NC  
**COUNTY:** HARNETT  
**TAX PIN:** 0544-57-1340.00



**TOWNSHIP:** STEWARTS CREEK  
**DATE:** APRIL 11, 2018  
**REVISED:** JUNE 14, 2018  
**SCALE:** 1" = 40'  
**REFERENCE:** LOT 19  
 SWEETWATER SUB  
 MAP # 2011  
 PGS 470-475

**MINIMUM SETBACKS:**  
 35'-FRONT  
 10'-SIDE  
 25'-REAR  
 20'-CORNER



MICHAEL J. ADAMS PLS-L-4491  
 CFS NC-075

M.A.P.S. SURVEYING, INC.  
 C-2589  
 1401 MORGANTON ROAD  
 FAYETTEVILLE, NC 28305  
 PHN: (910)484-6432  
 FAX: (910)778-9440

- NOTES**
- 1) THIS MAP IS FOR PERMITTING PURPOSES ONLY
  - 2) THIS MAP IS NOT DRAWN IN ACCORDANCE WITH G.S. 47-30
  - 3) THIS MAP CAN NOT BE USED FOR RECORDATION OR ATTACHED TO A DEED TO BE RECORDED.

DRAWN BY: G.L.

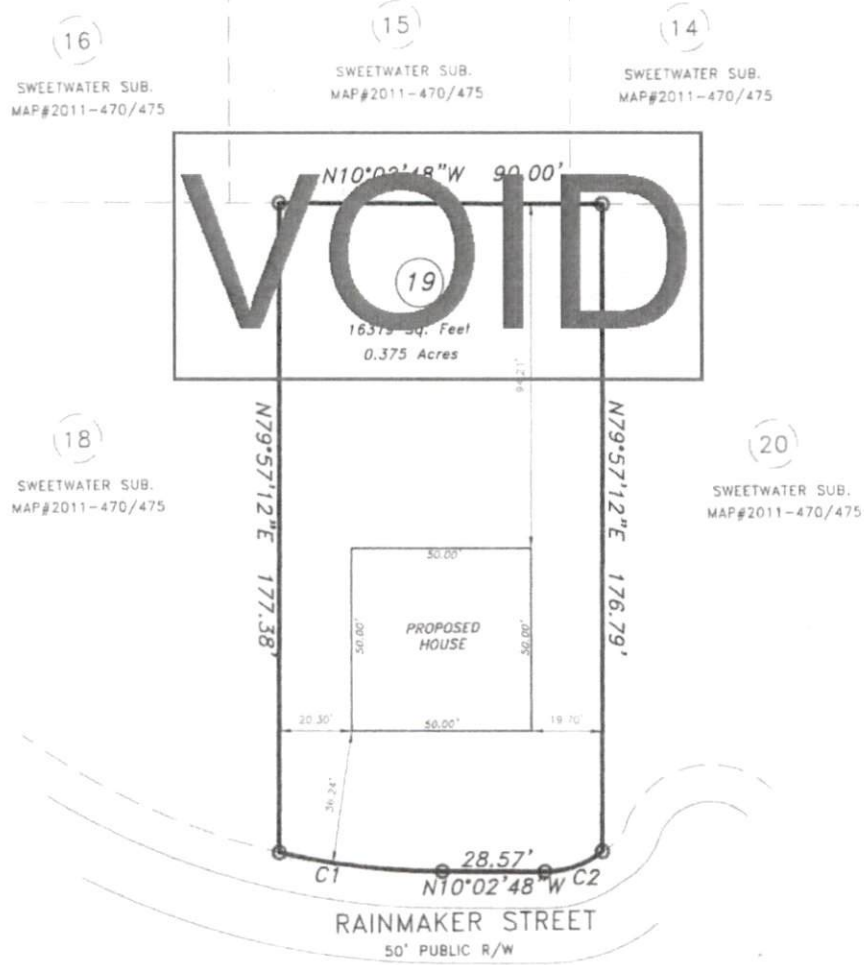


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(Not to Scale)



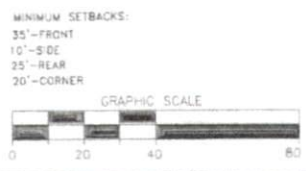
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DRAWN BY: SFP

HARNETT COUNTY CASH RECEIPTS

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

Oper: LLUCAS      Type: CP    Drawer: 1  
Date: 5/18/18 53    Receipt no: 362626

Year	Number	Amount
2018	50044058	
91750	TECH 3	
LILLINGTON, NC	27546	
B4	BP - ENV HEALTH FEES	\$750.00
NEW SEPTIC		

LEE HUFFMAN

Tender detail	
CP CREDIT CARD	\$750.00
Total tendered	\$750.00
Total payment	\$750.00

Trans date: 5/18/18      Time: 14:54:07

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

09/09/11

Application #

18-50044058

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 26 Rainmaker St. 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 W. Lucas Rd, Turn Left onto Hybrid Ln.  
Turn Left onto Rainmaker St.

Subdivision Sweetwater Lot 19  
Description of Proposed Work S.F.R. # of Bedrooms \_\_\_\_\_  
Heated SF 2140 Unheated SF 596 Finished Bonus Room? Yes Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Atlantic Construction Inc. 910-939-9053  
Building Contractor's Company Name Telephone  
7 Doris Ave E. Jacksonville, NC 28540 aci@atlanticconstructioninc.com  
Address Email Address  
37596  
License #

**Electrical Contractor Information**

Description of Work S.F.R. (New) Service Size 200 Amps T-Pole  Yes  No  
Williams Brothers Electric 910-329-7890  
Electrical Contractor's Company Name Telephone  
768 Grant's Creek Rd Jacksonville, NC 28540  
Address Email Address  
2627-3-1  
License #

**Mechanical/HVAC Contractor Information**

Description of Work S.F.R. (New)  
Certified Heating & Air Conditioning, LLC 910-858-0000  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1071 Hope Mills, NC 28348  
Address Email Address  
H 3C1-20012  
License #

**Plumbing Contractor Information**

Description of Work S.F.R. (New) # Baths \_\_\_\_\_  
Dell Haire Plumbing 910-429-9939  
Plumbing Contractor's Company Name Telephone  
7612 Documentary Dr. Fayetteville, NC 28306  
Address Email Address  
32886 P-1  
License #

**Insulation Contractor Information**

A-I Insulation Inc. P.O. Box 180 Hope Mills, NC 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

\* 6-28-18  
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 John [Signature] Vice President Date 6-15-18



### Designated Lien Agent

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Investors Title Insurance Company

Entry Number: 870682

Filed by: twotees

Filing Date: 06/18/2018

Online: [www.liensnc.com](http://www.liensnc.com)

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

Email: [support@liensnc.com](mailto:support@liensnc.com)

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384

### Owner Information

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Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

NC

28540

United States

910-953-9053

[danny@atlanticconstructioninc.com](mailto:danny@atlanticconstructioninc.com)

### Project Property

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Sweetwater Lot 19

26 Rainmaker St.

Linden

28356

Harnett County

Property Type: 1-2 Family Dwelling

Date First Furnished:

### Comments

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No comments have been made.



**Harnett**  
**COUNTY**  
 NORTH CAROLINA

**BUILDING RESIDENTIAL**

910-893-7525

www.harnett.org

PERMIT NUMBER  
**CPSF18-50044058**

<b>JOB ADDRESS:</b> 26 RAINMAKER ST	<b>PERMIT SUBTYPE:</b> SINGLE FAMILY DWELLING	<b>PARCEL NO:</b> 0544-57-1340.000
<b>DESCRIPTION:</b> 42X53 3BD 2.5BA W/GAR SLAB	<b>DATE ISSUED:</b> 5/18/2018	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> RA-20R - 0.37 acres (100.0%)	

<b>APPLICANT:</b> ATLANTIC CONSTRUCTION INC. 7 DORIS AVE E. JACKSONVILLE, NC 28356	<b>PHONE:</b> (910)330-9706 <b>EMAIL:</b>
<b>CONTRACTOR:</b> ATLANTIC CONSTRUCTION 7 E DORIS AVE JACKSONVILLE, NC 28356	<b>PHONE:</b> (910)938-9053 <b>EMAIL:</b> 9CI@BIZEC.RR.COM
<b>OWNER:</b> DIVERSIFIELD INVESTORS INC PO BOX 1685 JACKSONVILLE, NC 28356	<b>PHONE:</b> <b>EMAIL:</b>

**REQUIRED INSPECTIONS**

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
ENVIR. HLTH. CONFIRMATION			