Initial Application Date:

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (91

Central Permitting

on same lot

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:

City: TACKSONVILLE State: NC Zip: 28540 Contact No: 910-346-9800 Email: betty be state: NC Zip: 28540 Contact No: 910-346-9800 Email: betty be state:
APPLICANT: ATLANTIC CONSTANCTION TAK, Mailing Address: 7 DORIS AVE, E.
City: Tacksonville State: NC Zip: 28540 Contact No: 910-938-9053 Email: ac. Batterine Co. Please fill out applicant information if different than landowner Kent + Albertson 910 - 389-1351
Kent + Albertson 910 - 389-1351
CONTACT NAME APPLYING IN OFFICE: Lee HUFF MAN Phone # 910 - 330 - 9706
PROPERTY LOCATION: Subdivision: SweeT WATER Lot #: 22 Lot Size: 0.44 A
State Road # 2044 State Road Name: Will Lucas Rd. Map Book & Page: 2011 1 470
Parcel: 010544 0004 30 PIN: 0544-57-2583.000
Parcel: 010544 0004 30 PIN: 0544-57-2583 . 000 Zoning: RA-20R Flood Zone: Watershed: Deed Book & Page: 2363 / 0941 Power Company*: South Riven Eletric
*New structures with Progress Energy as service provider need to supply premise number
PROPOSED USE: Monolithic
SFD: (Size 43 x 40) # Bedrooms: 3 # Baths: 215 Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? (X) yes () no_w/ a closet? () yes (X) no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # 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:SWDWTW (Size ×) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) 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: 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:
Required Residential Property Line Setbacks: Comments:
Front Minimum Actua 30.24
Rear \(\frac{\fir}}}}}}}{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac
Closest Side 33,18
Sidestreet/corner lot
Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: SOUTH ON 401	
TURN RIGHT ONTO W. REEVES BRIDE Rd	-
THRN RIGHT ONTO W. REEVES BRIDE Rd	
THEN LEFT ONTO HYBRID LN	=====================================
THRE PONTO RAINMAKER ST	
	-
	_
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 so I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provide	ubmitted. ed.
8.2-18	
Signature of Owner or 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**

NAME:	ATLANTIC	ConsTruction.	INC.	APPLICATION #:				
	This application to be filled out when applying for a septic system inspection.							
Coun	County Health Department Application for Improvement Permit and/or Authorization to Construct							
IF THE IN	FORMATION IN	THIS APPLICATION IS F.	ALSIFIED, CHANGED, OR T	THE SITE IS ALTERED, THEN THE IMPROVEMENT				
				The permit is valid for either 60 months or without expiration				
	•		e plan = 60 months; Complete					
	10-893-7525 o	-		CONFIRMATION #				
		alth New Septic Syste						
li	nes must be cl	early flagged approximate	ately every 50 feet between					
0	out buildings, sv	nge house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, gs, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.						
				y viewed from road to assist in locating property.				
	• If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. <i>Do not grade property</i> .							
				firmation. \$25.00 return trip fee may be incurred				
				operty lines, etc. once lot confirmed ready.				
8	00 (after selec	ting notification permit	if multiple permits exist)	t 910-893-7525 option 1 to schedule and use code for Environmental Health inspection. Please note				
			cording for proof of reque					
				ed to Central Permitting for permits.				
		alth Existing Tank Ins	<u>pections</u> Gode 800 ags and card on property					
Þ	 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 							
				910-893-7525 option 1 & select notification permit				
if	multiple perm	its, then use code 80	o for Environmental He	alth inspection. Please note confirmation number				
		recording for proof of re		to Central Permitting for remaining permits.				
SEPTIC	JSE CIICKZGOV	or ivin to near results.	once approved, proceed	to Gentral Fermitting for remaining permits.				
If applyin				an be ranked in order of preference, must choose one.				
{}} Acc	cepted	{}} Innovative	(X) Conventional	{}} Any				
{}} Alt	ernative	{}} Other	,					
The applic question.	cant shall notify If the answer is	the local health departme "yes", applicant MUST A	nt upon submittal of this ap	pplication if any of the following apply to the property in DOCUMENTATION :				
{}}YES	$\{X\}$ NO	Does the site contain any	Jurisdictional Wetlands?					
{}}YES		Do you plan to have an i	rrigation system now or in	the future?				
{}}YES	$\{X\}$ NO	Does or will the building	g contain any <u>drains</u> ? Please	explain				
{}}YES	$\{X\}$ NO	Are there any existing w	ells, springs, waterlines or '	Wastewater Systems on this property?				
{}}YES		Is any wastewater going	to be generated on the site	other than domestic sewage?				
{}}YES		Is the site subject to appr	roval by any other Public A	gency?				
$\{X\}$ YES		Are there any Easements	or Right of Ways on this p	property?				
{}}YES	$\{X\}$ NO	Does the site contain any	existing water, cable, phor	ne or underground electric lines?				
		If yes please call No Cu	ts at 800-632-4949 to locate	e 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

B-2.18 DATE



Vicinity Map (Not to Scale)

CURVE TABLE

CURVE RADIUS LENGTH BEARING CHORD
C1 50.00' 52.36' N70"02'48"W 50.00



WILL LUCAS ROAD (SR 2044)

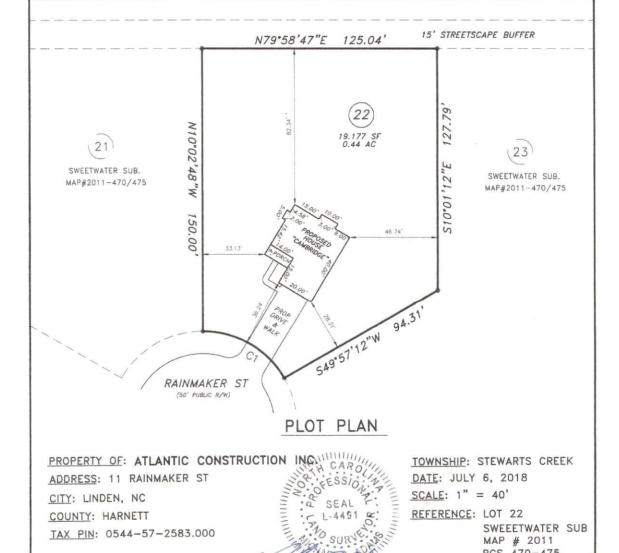
LEGEND

R/W-RIGHT OF W DB-DEED BOOK PG-PAGE PROP-PROPOSED SF-SQUARE FEET AC-ACRE(S) CONC-CONCRETE ESMT-EASEMENT

PL-PROPERTY LINE

R/W-RIGHT OF WAY

60' PUBLIC R/W



MICHAEL J. ADAMS

MAPSSURVEYINGONC.RR.COM

DRAWN BY: GJL

35'-FRONT 10'-SIDE 25'-REAR 20'-CORNER

PLS-L-4491 CFS NC-075 M.A.P.S. SURVEYING, INC. C-2589 1401 MORGANTON ROAD FAYETTEVILLE, NC 28305 PHN: (910)484-6432 NOTES

THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN ITS ACCURACY.
 THIS MAP IS FOR PERMITTING PURPOSES ONLY

SWEEETWATER SUB MAP # 2011 PGS 470-475

DATE: JULY 6, 2018 SCALE: 1" = 40' REFERENCE: LOT 22

- 3) THIS MAP CAN NOT BE USED FOR RECORDATION OR
- ATTACHED TO A DEED TO BE RECORDED.

 4) THIS MAP IS NOT DRAWN IN ACCORDANCE WITH G.S. 47-30

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. Date					
Site Address // RAIN Maker ST. Linder, NC 25	356 Phone 910-346-9800					
Directions to job site from Lillington South 401, Typen Right	ONTO W. Reeves BRIDE Rd.					
TURN LEFT ONTO Wil LUCAS Rd, TURN LEFT ONTO	Hybrid LN.					
TURN LEFT ONTO RAINMAKER ST.						
Subdivision Sweet water	Lot 22					
Description of Proposed Work 5.F. R.	# of Bedrooms3					
Heated SF 2122 Unheated SF 492 Finished Bonus Room?	Ve3 Crawl Space Slab					
ATLANTIC CONSTRUCTION INC. Building Contractor's Company Name	910 - 939 - 9053 Telephone					
7 DORIS ANE E. JACKSONVIlle, NC 28540	aci Patterincersinutionine lom					
Address	Email Address					
37596 License #						
Description of Work 5.F.R. Electrical Contractor Information One Service Size	760 Amps T-Pole / Ves No					
Williams Brothers ELECTRIC	910-389-7890					
Electrical Contractor's Company Name	Telephone					
768 GRANT'S CREEKED JACKSONVIlle, NC 28540						
Address	Email Address					
2627-3-1 License #						
Mechanical/HVAC Contractor Information						
Description of Work SF.R. LNEW)						
Mechanical Contractor's Company Name	910 - 858 - 0000 Telephone					
P.D. Box 1071 Hope Mills, NC 28348						
Address	Email Address					
H 3C1-20012 License #						
Plumbing Contractor Information						
Description of Work 5.F. R. (New)	# Baths					
Dell Haine Plumbing Plumbing Contractor's Company Name	910-429-9939					
	Telephone					
7612 Documentary DR. Fayetteville, NC 28306 Address	Email Address					
32886 P-1 License #						
Insulation Contractor Informatio	<u>n</u>					
A-1 INSULATION INC. P.D. BOX 180 Hope Mills, NE 28348	910-850-3462					
Insulation Contractor's Company Name & Address	Telephone					

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.

PRESIDENT Date 7-27-18

Sign w/Title



Appointment of Lien Agent Related Filings

Designated Lien Agent

Entry Number:

892890

Investors Title Insurance Company

Filed by:

twotees

Online: www.liensnc.com

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

Filing Date:

07/27/2018

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

910-953-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Lot 22

11 Rainmaker St.

Linden

28356

Harnett County

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.



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892890

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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:

07/27/2018

Owner Information

Atlantic Construction Inc.

7 Doris Ave. E.

Jacksonville

NC

28540

United States

910-953-9053

danny@atlanticconstructioninc.com

Project Property

Sweetwater Lot 22

11 Rainmaker St.

Linden

28356

Harnett County

Property Type:

1-2 Family Dwelling

Date First Furnished:

Comments

No comments have been made.

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

E-mail: bettyb(w)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

DIVERSIFIED INVESTORS INC.

bb

