

Initial Application Date: 10-31-16

Application # 1650040045
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: Troy Brooks & Jillene Mailing Address: 297 Carragh Cove
City: Fuquay-Varina State: NC Zip: 27525 Contact No: (919) 601-1402 Email: thad03@comcast.net

APPLICANT: McLean Remodeling & Construction, Inc. Mailing Address: 535 Bradley Rd
City: FU State: NC Zip: 27526 Contact No: (919) 601-1402 Email: thad03@comcast.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Thad McLean Phone # (919) 601-1402

PROPERTY LOCATION: Subdivision: Magnolia Cove Lot #: 10 Lot Size: 1.57
State Road # _____ State Road Name: _____ Map Book & Page: 2007, 39
Parcel: 080655 000711 PIN: 0655-53-6807.000
Zoning: R-30 Flood Zone: _____ Watershed: _____ Deed Book & Page: 3129, 1000 Power Company*: _____

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

PROPOSED USE:

- ☐ SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ 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: 550 sq. Ft. Rec. bath, & office 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 ☒ 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 | Actual |
|------------------------------|---------|--------|
| Front | _____ | _____ |
| Rear | _____ | _____ |
| Closest Side | _____ | _____ |
| Sidestreet/corner lot | _____ | _____ |
| Nearest Building on same lot | _____ | _____ |

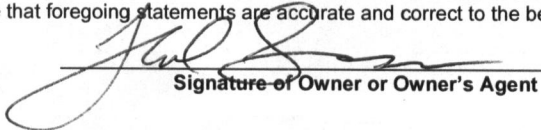
Comments: Finishing off, Rec. Room, Bathroom, & office

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 N Turn Rt. on Pawks Club

left on Carraugh house on left

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 of Owner or Owner's Agent

10-31-16
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

Plan Box # File

Date 10-31-16

Job Name McLean Remodeling

App # 1150340045

Valuation 22681

SQ Feet 613

Garage _____

= _____

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Basement _____

| | | | |
|------------|------------|-----------------|-----------------|
| Footing | Footing | Plum Under Slab | Footing |
| Foundation | Foundation | Ele. Under Slab | Foundation |
| Address | Address | Address | Waterproofing |
| Open Floor | Slab | Mono Slab | Plum Under slab |
| Rough In | Rough In | Rough In | Address |
| Insulation | Insulation | Insulation | Slab |
| Final | Final | Final | Open Floor |
| | | | Rough In |
| | | | Insulation |
| | | | Final |

Foundation Survey NO

Envir. Health NO

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

.....

Finish upstairs
Rec Room, Office &
Bathroom

09/09/11

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Application #

1650040045

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 Troy + Jillene Brooks Date 10-31-16
Site Address 297 Carragh Cove FL, NC 27526
Directions to job site from Lillington _____

Subdivision _____
Description of Proposed Work Finish Bonus, Rec/Bath/Office Lot _____
Heated SF 550 Unheated SF _____ # of Bedrooms _____
Finished Bonus Room? ☒ Crawl Space _____ Slab _____

General Contractor Information

McLean Remodeling & Construction, Inc.
Building Contractor's Company Name
535 Bramley Rd. FL, NC 27526
Address
#76923
License #

(919) 601-1402
Telephone
thado3@embargo.com
Email Address

Description of Work upgrading ~~electrical~~ Service
Dawson Electrical
Electrical Contractor's Company Name

Electrical Contractor Information

Service Size 400 Amps T-Pole ☐ Yes ☒ No

Address
25948-L
License #

Telephone _____
Email Address _____

Mechanical/HVAC Contractor Information

Description of Work Install Unit + Air Handler flex to Rooms per code
South Wake HVAC
Mechanical Contractor's Company Name

Address
22372
License #

Telephone _____
Email Address _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Able Plumbing, Inc.
Plumbing Contractor's Company Name

29413
Address

Telephone _____
Email Address _____

License #

Insulation Contractor Information

31W Insulation
Insulation Contractor's Company Name & Address

(919) 662-9980
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

10-31-16
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 Melan Remodeling & Construction, Inc.

Sign w/Title  Owner

Date 10-31-16

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

 Application Number 16-50040045 Date 11/07/16
 Property Address 297 CURRAGH CV
 PARCEL NUMBER 08-0655- - -0067- -11-
 Application type description CP ADD & ALTER RESIDENTIAL
 Subdivision Name MAGNOLIA CREST 29LOTS
 Property Zoning RES/AGRI DIST - RA-30

Owner

 BROOKS TROY & JILLENE
 297 CURRAGH COVE
 FUQUAY-VARINA NC 27526

Contractor

 MCLEAN REMODELING &
 CONSTRUCTION, INC.
 535 BRADLEY RD.
 FUQUAY-VARINA NC 27526
 (919) 601-1402

Applicant

 MCLEAN REMODLING&CONSTRUCTION
 535 BRADLEY RD
 FUQUAY-VARINA NC 27526
 (919) 601-1402

--- Structure Information 000 000 FINISHING UPSTAIRS REC/ROOM B-ROOM&OFFIC
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3.00
 SEPTIC - EXISTING? EXIST
 WATER SUPPLY COUNTY

 Permit RESIDENTIAL BUILDING PERMIT

Additional desc . .

Phone Access Code . 1164946

Issue Date 11/07/16

Valuation 22681

Expiration Date . . 11/07/17

 Permit RESIDENTIAL ELECTRICAL PERMIT

Additional desc . .

Phone Access Code . 1164953

Issue Date 11/07/16

Valuation 0

Expiration Date . . 11/07/17

 Permit RESIDENTIAL INSULATION PERMIT

Additional desc . .

Phone Access Code . 1164961

Issue Date 11/07/16

Valuation 0

Expiration Date . . 11/07/17

 Permit LAND USE PERMIT

Additional desc . .

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P.O. BOX 65
LILLINGTON, NC 27546
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| | | | |
|------------------------------|-------------|---------------------|----------|
| Application Number | 16-50040045 | Page | 2 |
| Phone Access Code | 1164995 | Date | 11/07/16 |
| Issue Date | 11/07/16 | Valuation | 0 |
| Expiration Date | 5/06/17 | | |

| | | | |
|-----------------------------|-------------------------------|---------------------|---|
| Permit | RESIDENTIAL MECHANICAL PERMIT | | |
| Additional desc | | | |
| Phone Access Code | 1164979 | | |
| Issue Date | 11/07/16 | Valuation | 0 |
| Expiration Date | 11/07/17 | | |

| | | | |
|-----------------------------|-----------------------------|---------------------|---|
| Permit | RESIDENTIAL PLUMBING PERMIT | | |
| Additional desc | | | |
| Phone Access Code | 1164987 | | |
| Issue Date | 11/07/16 | Valuation | 0 |
| Expiration Date | 11/07/17 | | |

Special Notes and Comments
T/S: 10/31/2016 03:55 PM LBENNETT --
297 CURRAGH COVE
401 N TURN RIGHT ON RAWLS CLUB - LEFT
ON CURRAGH HOUSE ON LEFT

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 16-50040045 Page 3
Property Address 297 CURRAGH CV Date 11/07/16
PARCEL NUMBER 08-0655- - -0067- -11-
Application description . . . CP ADD & ALTER RESIDENTIAL
Subdivision Name MAGNOLIA CREST 29LOTS
Property Zoning RES/AGRI DIST - RA-30

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|---|----------------|--------------|----------------------|----------|-------------|
| ----- | | | | | |
| Permit type RESIDENTIAL BUILDING PERMIT | | | | | |
| 999 | 429 | R429 | FOUR TRADE FINAL | _____ | ___/___/___ |
| 999 | 425 | R425 | FOUR TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | ___/___/___ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 329 | R329 | THREE TRADE FINAL | _____ | ___/___/___ |
| 999 | 325 | R325 | THREE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 229 | R229 | TWO TRADE FINAL | _____ | ___/___/___ |
| 999 | 225 | R225 | TWO TRADE ROUGH IN | _____ | ___/___/___ |

Permit type RESIDENTIAL INSULATION PERMIT

| | | | | | |
|-----|-----|------|-------------------------|-------|-------------|
| 999 | 129 | I129 | R*INSULATION INSPECTION | _____ | ___/___/___ |
|-----|-----|------|-------------------------|-------|-------------|