

Initial Application Date: 1-26-15

Application # 1550035395

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

**COMMERCIAL**  
**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Trent Wilson Mailing Address: 2807 Benson Rd.

City: Angier State: NC Zip: 27501 Contact # 919-422-7064 Email: \_\_\_\_\_

APPLICANT: Hugh Surkes Mailing Address: 126 Brandon Dr.

City: Lillington State: NC Zip: 27546 Contact # 919-422-7065 Email: HughSurkes@Acl.com

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: Hugh Surkes Phone # 919-422-7065

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 10.75 Acres

State Road # \_\_\_\_\_ State Road Name: Benson Rd Map Book & Page: 2009, 0211

Parcel: 040683 0151 02 PIN: 0693-14-3242

Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 02722, 0560 Power Company\*: Duke

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Angier go out Benson Rd. Once you go thru X rds. With old stage rd. it is second house on left

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Daycare # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry Sq. Ft: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church Seating Capacity: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: \_\_\_\_\_
- Accessory/Addition/Other (Size 32 x 13) Use: Migrate Camp for seasonal workers (28 people)

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

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

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.

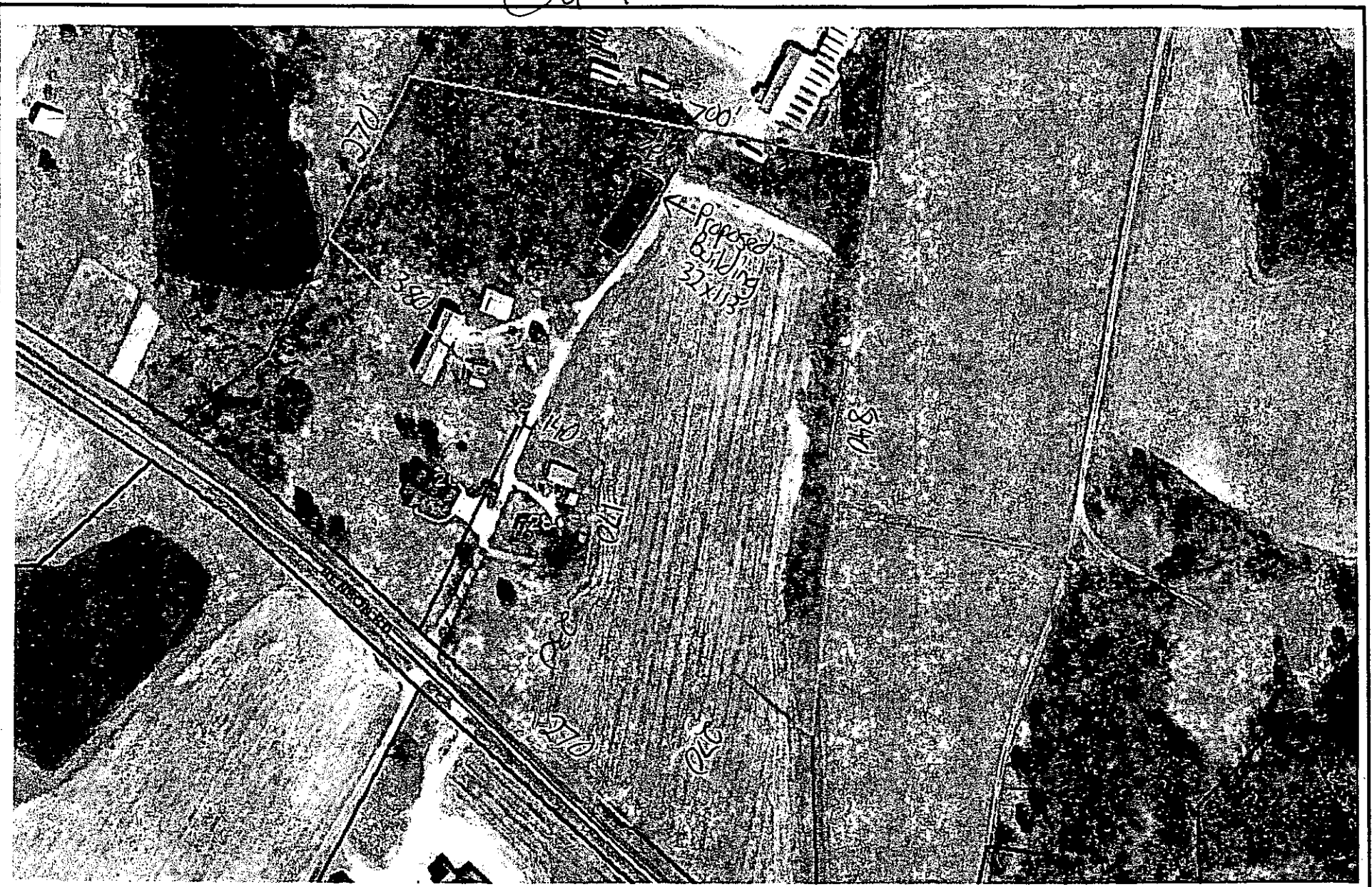
[Signature]  
Signature of Owner or Owner's Agent

1/23/15  
Date

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Ⓢ of 423/15



Harnett County, NC - Tax Map



Disclaimer:  
The data provided on this map is prepared for the inventory of real property found within Harnett County, NC and are compiled from recorded plats, deeds, and other public records and data. This data is for informational purposes only and should not be substituted for a true title search, property appraisal, survey, or for zoning verification.

Parcel No: 040683 0151 02  
NC PIN: 0693-14-3242.000  
Owner: WILSON TRENT C  
Owner 2:  
Owner Address: 2807 BENSON ROAD  
City, St, Zip: ANGIER, NC 27501-0000  
Parcel Address: BENSON RD  
Legal 1: LT#2 FRANCES W ARNOLD MAP#2009-211  
Legal 2: 10.75 AC

Deed Book/Page: 02722/0660  
Acres: 10.75  
Sale Price: \$95,000.00  
Tax Value: \$9,430.00  
Square Feet: 0  
Deed Date: 3/15/2010



One Inch = 200 Feet

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

**Application for Building and Trades Permit**

Owner's Name: Trent Wilson Date: 1/29/15  
Site Address: 2807 Benson Rd. Angier NC 27501 Phone: 919 422 7064  
Directions to job site from Lillington: Go out of Angier on Benson Rd. Cross over old stage rd. & it is second house on left.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

Heated SF 3664 Unheated SF \_\_\_\_\_  
**General Contractor Information:** Building Cost \$ 125,000.00

Central Contracting Group \_\_\_\_\_  
Building Contractor's Company Name Telephone 919 422 7065

600 Erwin Rd. Dunn NC 28334 \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # 74613

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ Service Size: 200 Amps #T-Poles 1

Rex Dean Electrical \_\_\_\_\_  
Electrical Contractor's Company Name Telephone 919 552 4281

8039 Kennebel Rd. Willow Springs 27592 \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # 5748

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Units 1

CAD FEAR A/C & Heating \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone 910 483 8790

1139 Robeson St Fayetteville 28305 \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # 07232

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

LR Glover Plumbing \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone 919 820 0026

PO Box 764 Benson 27504 \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # 7958

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

License # \_\_\_\_\_

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

License # \_\_\_\_\_

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? \_\_\_\_ Yes \_\_\_\_ No

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 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 charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_

Date 1/29/15

**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: \_\_\_\_\_

Central Contracting Group

Sign w/Title: \_\_\_\_\_

[Signature]

Date: \_\_\_\_\_

1/29/15

## Jennifer Brock

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**From:** Hugh Surles <hughsurles@aol.com>  
**Sent:** Thursday, January 29, 2015 4:06 PM  
**To:** Jennifer Brock  
**Subject:** Fwd: LiensNC Notice of Appointment of Lien Agent - Address: 2807 Benson Rd, Angier, 27501

Thanks,  
Hugh Surles

919-422-7065

Sent from my iPhone

Begin forwarded message:

**From:** LiensNC Support <[donotreply@liensnc.com](mailto:donotreply@liensnc.com)>  
**Date:** January 29, 2015 at 3:46:47 PM EST  
**To:** Undisclosed recipients:;  
**Subject:** **LiensNC Notice of Appointment of Lien Agent - Address: 2807 Benson Rd, Angier, 27501**

A(n) Appointment of Lien Agent was filed on January 29, 2015, 03:46:40 PM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

### **Project Property**

PIN 0693-14-3242  
2807 Benson Rd  
Angier, NC 27501  
Harnett County

Entry Number: [244634 \(entry search, view related filings\)](#)

Date of Filing: January 29, 2015, 03:46:40 PM

### **Lien Agent**

Fidelity National Title Company, LLC

- **Online:** [www.liensnc.com](http://www.liensnc.com)
- **Address:** 19 W. Hargett St., Suite 507 / Raleigh, NC 27601
- **Phone:** 888-690-7384

- Fax: 913-489-5231
- Email: [support@liensnc.com](mailto:support@liensnc.com)

### **Owner Information**

Trent Wilson  
2807 Benson Rd  
Angier, NC 27501  
United States Email: [hughsurles@aol.com](mailto:hughsurles@aol.com)  
Phone: 919-422-7065

### **Design Professionals**

### **Date of First Furnishing**

February 02, 2015

[Click to view full filing details](#)

Scan for instant access on your mobile phone



[Unsubscribe](#)



## Application for Plan Review

Application # 15-50035395

Date Received: 2-4-15 Received By: [Signature]

Name of Project: Trent Wilson

Physical Address of Project: pass  
Stage Rd  
on Benson Rd NC

Plans Submitted By: \_\_\_\_\_

Project Phone: (\_\_\_\_) \_\_\_\_\_

Contact Person/Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Contractor's Name/Info: Hugh Surles  
126 Brandon Dr.

Lillington NC 27546

Contractor's Phone: (919) 422-7065

*Migrate Camp*

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2); or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.