

Initial Application Date: 4-23-15

Application # 1550035981

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: GERALD W CURRAN Mailing Address: P.O. Box 987

City: FV State: NC Zip: 27824 Contact No: GERALD CURRAN Email: gwc@curranmindspring.com

APPLICANT: Angel Structure Inc Mailing Address: P.O. Box 981

City: FV State: NC Zip: 27524 Contact No: 427-0641 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: GERALD CURRAN Phone # 919-427-2641

PROPERTY LOCATION: Subdivision: Magnolia Crest Lot #: 14 Lot Size: 0.590 Acres

State Road # 278 State Road Name: CURRAN RD Map Book & Page: 2007 38-40

Parcel: 06055 0007 15 PIN: 0655-53-8783-000

Zoning: R30 Flood Zone: X Watershed: IV Deed Book & Page: 2715/217 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size 57.7 x 57.7) # Bedrooms: 4 # Baths: 2 1/2 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 4 # Baths 2 1/2 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 (  ) no

Does the property contain any easements whether underground or overhead (  ) yes (  ) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 38.6  
Rear \_\_\_\_\_ 134.7  
Closest Side \_\_\_\_\_ 15.8  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North Right on Pauls  
Club Rd @ Left on Curragh CODE Lot down 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.

Donald W. Carter  
Signature of Owner or Owner's Agent

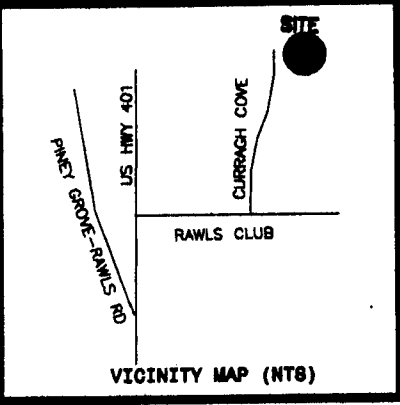
4-23-15  
Date

\*\*\*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.\*\*\*

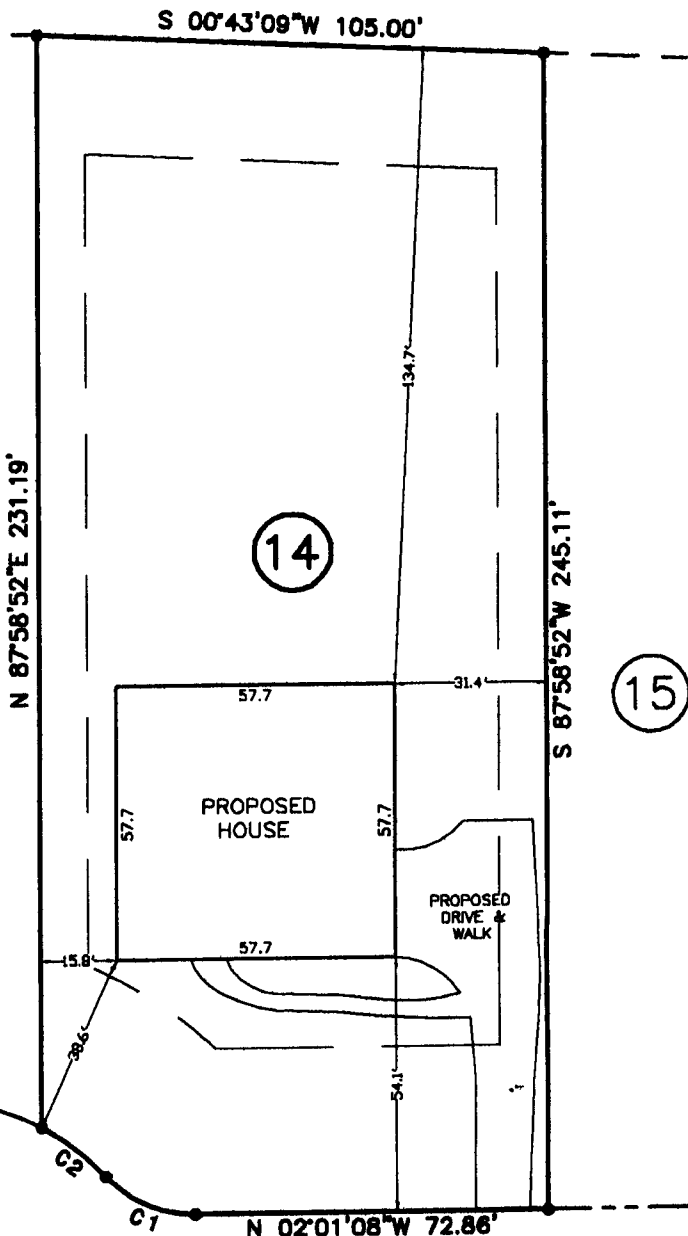
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

Curve	Radius	Length	Chord	Chord Bear.
C1	25.00'	21.02'	20.41'	N 22°04'34" E
C2	50.00'	17.15'	17.07'	N 38°20'27" E

LOIS A. WESTER  
D.B.1100, PG.791



- LEGEND**
- NTS NOT TO SCALE
  - EIP EXISTING IRON PIPE
  - PP POWER POLE
  - W/M WATER METER
  - TB TELEPHONE BOX
  - IPS IRON PIPE SET
  - CP&L TRANSFORMER
  - CATV CABLE TV BOX
  - L. POLE LIGHT POLE
  - OHPL OVERHEAD POWER LINE
  - F.E.S. FLARED END SECTION (PIPE)
  - RCP REINFORCED CONC. PIPE
  - B.O.C. BACK OF CURB
  - F.H. FIRE HYDRANT
  - C/O SEWER CLEAN OUT
  - EIS EXISTING IRON STAKE
  - M.H. MANHOLE
  - ECM EXISTING CONCRETE MONUMENT
  - P.K. PARKER KALON NAIL

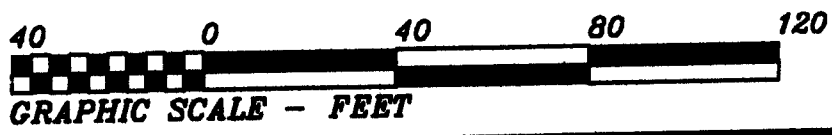


N.C. GRID NORTH, NAD 83  
(REF: B.O.M.2007, PG.39-40)

**SITE PLAN APPROVAL**  
 DISTRICT BA20 USE SFD  
 #BEDROOMS 4  
 Date 4.23.15 Zoning Administrator [Signature]

**CURRAGH COVE**  
(50' PUBLIC R/W)

NOTE: SHOWN IS LOT 14 OF  
MAGNOLIA CREST S/D  
REF: B.O.M.2007 PG.39-40



AREA = 0.590 ACRES  
278 CURRAGH COVE

THIS IS TO CERTIFY THAT THIS MAP WAS  
PREPARED FROM AN ACTUAL SURVEY OF THE  
PREMISES, MADE UNDER MY SUPERVISION, AND  
THAT THERE ARE NOT ANY ENCROACHMENTS,  
EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE.

PRELIMINARY PLOT PLAN FOR:  
**ANGEL STRUCTURE, INC.**

NAME: Angel Structures Inc

APPLICATION #: \_\_\_\_\_

**\*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 # \_\_\_\_\_

**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.

**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.**

Deeald W. CURTIN  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-23-15  
 DATE

09/09/11

Application #

15500 35991

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 GERALD CURTIN Date 9-18-15  
Site Address 278 CURRAGE COVE Phone (919) 427-0641  
Directions to job site from Lillington 401 North to Rawls Club R

Subdivision Magnolia Crest Lot 14  
Description of Proposed Work New Dup # of Bedrooms 4  
Heated SF 2800 Unheated SF 0 Finished Bonus Room? (No) Crawl Space  Slab

**General Contractor Information**

Building Contractor's Company Name Angel Structures Telephone 919-427-0641  
Address P.O. Box 932 Email Address 5 WCHARTERS mindspr-y-co  
71043  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wire Service Size 200 Amps T-Pole  Yes  No  
D.A. Jackson Elec Telephone 730-1251  
Electrical Contractor's Company Name \_\_\_\_\_  
Address Raley Rd Four Oaks Email Address \_\_\_\_\_  
SFD 21144  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New  
Air System Services Telephone 246-5755  
Mechanical Contractor's Company Name \_\_\_\_\_  
Address Knights Dale N.C Email Address \_\_\_\_\_  
14737  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New Plumbing # Baths 3  
Capps Plumbing Telephone 422-3660  
Plumbing Contractor's Company Name \_\_\_\_\_  
Address Four Oaks N.C Email Address \_\_\_\_\_  
19214  
License # \_\_\_\_\_

**Insulation Contractor Information**

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

David W. Cullen  
Signature of Owner/Contractor/Officer(s) of Corporation

9-14-15  
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 Angel Structures Inc.

Sign w/Title Manager David W Cullen Date 9-14-15

**DO NOT REMOVE!****Details: Appointment of Lien Agent**  
Entry #: 352130Filed on: 09/13/2015  
Initially filed by: gwcurrin**Designated Lien Agent**

Investors Title Insurance Company

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)**Project Property**Lot 14 Magnolia Crest  
278 Curragh Cove  
Fuquay Varina, NC 27526  
Wake County**Print & Post****Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Property Type**

1-2 Family Dwelling

**Owner Information**Gerald & Victoria Currin  
5109 Doughtymews Lane  
Fuquay Varina, NC 27526  
United States  
Email: [gwcurrin@mindspring.com](mailto:gwcurrin@mindspring.com)  
Phone: 919-427-0641**Date of First Furnishing**

09/14/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.

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Application Number . . . . .	15-50035981	Date	9/14/15
Property Address . . . . .	278 CURRAGH CV		
PARCEL NUMBER . . . . .	08-0655- - -0067- -15-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	MAGNOLIA CREST 29LOTS		
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

Owner

Contractor

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CURRIN GERALD W & VICTORIA B  
 PO BOX 981  
 FUQUAY VARINA NC 27526

OWNER

Applicant

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ANGEL STRUCTURE INC #14  
 PO BOX 987  
 FUQUAY VARINA NC 27526  
 (919) 427-0641

--- Structure Information 000 000 57.7X57.7 4BDR CRAWL W/ GARAGE

Flood Zone . . . . .	FLOOD ZONE X	
Other struct info . . . . .	# BEDROOMS	4000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

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Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1108471

Issue Date . . . . . 9/14/15

Valuation . . . . . 0

Expiration Date . . . . . 9/13/16

Special Notes and Comments

T/S: 04/23/2015 11:34 AM JBROCK ----

MAGNOLIA CREST #14

XX

PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB

INSULATION AND LAND USE.

XX

Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

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\_\_\_\_\_

\_\_\_\_\_



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.

	Page	2
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Application description . . .	CP NEW RESIDENTIAL (SFD)	
Subdivision Name . . . . .	MAGNOLIA CREST 29LOTS	
Property Zoning . . . . .	RES/AGRI DIST - RA-30	
Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . .		
Phone Access Code .	1108471	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___