



Fire Marshal Division

P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Plan Review

Permit Type: Amusement Buildings _____

Date Received: _____ Received By: _____

Name of Project: Highland Amenity Mail Kiosk

Physical Address of Project: 489 Freedom Trail Dr. Angier, NC 27592

Plans Submitted By: D.Clugston Inc.

Project Phone: (828)-712-6004

Contact Person/Address: Joey Davis

2506 Reliance Ave. Apex, NC 27539

Contact Phone: (828)-712-6004 (____)-____-_____

Contractor's Name/Info: D.Clugston Inc.

2506 Reliance Ave. Apex, NC 27539

Contractor's Phone: (828)-712-6004

Contact Email: joey@dclugston.com

- **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 : Opt. 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.**



Town of Angier
PO Box 278
55 N Broad St W
Angier, NC 27501

(919) 639-2071
www.angier.org

Building Permit Application

Applicant Information

John Moxley _____ Property Owner _____ 6/19/25
 Name _____ Application Date _____
 919-691-1170 _____ john@dclugston.com
 Phone Number _____ Email Address _____ Same as Job Site
 506 Main Street Ste. 300, Gaithersburg, MD 20878 _____
 Owner's Address _____
 489 Freedom Trail Drive, Angier, NC 27592 _____
 Address of Job Site _____ Lot # _____

Type of Construction: New Renovation Addition Moved House Other

Building Use: Residential Commercial Multi-Family
 Construction of Highland Amenity – Mail Kiosk N/A \$ 55,000.00
 Description of Proposed Work # of Bedrooms Total Project Cost

Building Permit Information

D.Clugston Inc. _____ 2506 Reliance Ave. Apex, NC 27539
 Contractor Company Name _____ Address _____
 _____ 59538-U _____ 828-712-6004
 Signature of Officer of Corporation _____ License # _____ Phone Number _____
 Construction of Highland Amenity – Mail Kiosk _____ 512.50 \$ 55,000.00
 Description of Work Heated Sq. ft. Unheated Sq. ft. Cost

Electrical Permit Information

 Contractor Company Name _____ Address _____

 Signature of Officer of Corporation _____ License # _____ Phone Number _____
 _____ \$ _____
 Description of Work Temp. Service Pole Service Size Cost

Mechanical Permit Information

 Contractor Company Name _____ Address _____

 Signature of Officer of Corporation _____ License # _____ Phone Number _____
 _____ \$ _____
 Description of Work # of Units System Type Cost

Plumbing Permit Information

 Contractor Company Name _____ Address _____

 Signature of Officer of Corporation _____ License # _____ Phone Number _____
 _____ \$ _____
 Description of Work Cost

Signature

I hereby certify that I have the authority to make the 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 Town of Angier Zoning Ordinance. I will state the information on the above contractors is correct as known to me and if any changes occur in the above contractors I certify it is my responsibility to notify the Town of Angier Inspections Department of any changes.

 Signature _____ Date 6/19/25

**TOWN OF ANGIER
PLANNING & INSPECTIONS DEPT.
P.O. BOX 278
ANGIER, NC 27501
919-331-6702 – PHONE
919 639-6130 – FAX**



**COMMERCIAL PLANS – NEW BUILDING
Submittal Checklist**

Please use the following checklist to make sure your plan submittal is complete. Write in N/A for items that do not apply to your project.

- Complete Land Use Application, Site Plan Submittal Checklist, and Technical Review Committee (TRC) application. Submit 3 full size copies of site plan and 1 PDF copy with applications and checklists. All review fees due at time of submittal.
- Complete Building & Trade Permit application: Please include site address, contractor’s information including license number, project costs, and applicant’s signature.
- Submit two sets of building plans drawn to scale. All plans for new construction or structural changes must be sealed by a registered design professional licensed by the State of North Carolina. (Engineer or Architect)
- Two sets of building plans and Land Use Permit (Zoning Permit) from the Town of Angier must be submitted to Harnett County Central Permitting in Lillington for review and approval by the Fire Marshal’s office. If food preparation is involved please include an additional two sets of plans for Environmental Health review and approval.
- Signed affidavit of Worker’s Compensation Coverage
- Lien Agent Information
- Current North Carolina contractor’s license if required
- Correct name and address for all trade contractors
- Original signatures on all applications

Each item on this check list must be correct or application will be refused. No application will be held incomplete.

All applicable water and sewer fees must be paid at the time the building permit is issued.

The Town of Angier is not responsible for making the water and sewer taps for new structures. The taps must be made by a licensed utility contractor and be inspected by the Town

Signature Joseph J. Davis Date 06/19/2025



Town of Angier
LAND USE PERMIT APPLICATION
Planning and Inspections Department
919-331-6702



APPLICATION FOR:

- NEW STRUCTURE: COMMERCIAL RESIDENTIAL
- RENOVATION OR ADDITION: COMMERCIAL RESIDENTIAL
- SEPTIC TANK (approval from Harnett County)
- FENCE
- ACCESSORY STRUCTURE
- POOL
- BUSINESS – ZONING COMPLIANCE
- OTHER _____

APPLICANT: D.Clugston Inc. (John Moxley) Email address: john@dclugston.com

Contact Phone #: 919-691-1170

PROPERTY OWNER (If Different): Natelli -

Mailing address 506 Main Street Ste. 300 Phone #: _____
Gaithersburg, MD 20878

PROPERTY ADDRESS (If different from above): 489 Freedom Trail Drive, Angier, NC 27592

If New Dwelling - Subdivision: Highland Ridge Lot #: _____ PIN: 0684-28-6630.000

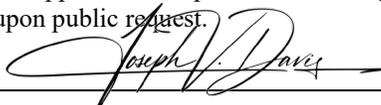
If No Address - Parcel Id #: _____

PROPOSED USE OF PROPERTY:

- New Fence: (Circle) [Front/Side Yard] [Rear Yard] Height: _____ Feet Fence Material(s): _____
- New Single Family Dwelling: Square Feet – Heated: _____ Unheated: _____
- New Modular Dwelling: Square Feet – Heated: _____ Unheated: _____
- Manufactured Home: SW: _____ DW: _____ Dimensions in Feet: _____ X _____
- Existing Structure: Renovation: _____ Addition: _____ Sq Ft – Heated: _____ Unheated: _____
- New Incoming Business – Business Name: _____
 Business Use: (Retail, Office, Restaurant, Service, etc) _____
- New Commercial Building – Business Name: Highland Ridge Mail Kiosk
 Business Use: (Retail, Office, Restaurant, Service, etc) U Mail Kiosk
- Other Uses (Specify): _____

Attach 2 copies of a site plan showing property lines, any existing structures, the location of proposed structure(s), and the distance between proposed structure(s) and all property lines.

Applicant: I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature: 

Date: 06/19/2025

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the

Yes Contractor

_____ Owner

_____ Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

Yes has/have three (3) or more employees and have obtained workers compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

_____ has/have one or more subcontractor(s), who has/have no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: D. Clugston Inc.

By: John Moxley

Title: Project Manager

Date: 06/19/2025

Details: Appointment of Lien Agent
Entry #: 2404353

Filed on: 06/25/2025
Initially filed by: dclugston

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

489 Freedom Trail Drive
Angier, NC 27592
Harnett County

Property Type

Other

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.

Owner Information

Natelli Communities
506 Main St.
Suite 300
Gaithersburg, MD 20878
United States
Email: brian@natelli.com
Phone: 919-868-3102

Date of First Furnishing

08/01/2025

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384