



Harnett County GIS

PID: 070598 0101 01
PIN: 0589-54-5134.000
Account Number: 706108000
Owner: MT PISGAH FREE WILL BAPTIST CHURCH
Mailing Address: ATTN: MARIE HICKS PO BOX 741 ERWIN, NC 28339-0000
Physical Address: 145 PROSPECT CHURCH RD ERWIN, NC 28339 ac
Description: 9.61ACS MT PISGAH/CLAYTONMAP#2002-569
Surveyed/Deeded Acreage: 9.61
Calculated Acreage: 10.12
Deed Date: 1023426000000
Deed Book/Page: 1629 - 0542
Plat(Survey) Book/Page: 2002 - 569
Last Sale: 2002 - 6
Sale Price: \$25500
Qualified Code: K
Vacant or Improved: V
Transfer of Split:
Actual Year Built: 2003
Heated Area : 18228 SqFt
Building Count : 1






Building Value: \$2166902
Parcel Outbuilding Value: \$66790
Parcel Land Value: 282910
Market Value: \$2516602
Deferred Value: \$0
Total Assessed Value: \$2516602
Zoning: RA-20M - 10.12 acres (100.0%)
Zoning Jurisdiction: Harnett County
Wetlands: No
FEMA Flood: Minimal Flood Risk
Within 1mi of Agriculture District: Yes
Elementary School: Buies Creek Elementary
Middle School: Harnett Central Middle
High School: Harnett Central High
Fire Department: Buies Creek
EMS Department: Medic 8, D8 EMS
Law Enforcement: Harnett County Sheriff
Voter Precinct: Coats/Grove
County Commissioner : W Brooks Matthews
School Board Member: Bradley Abate

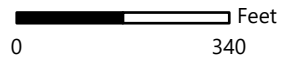
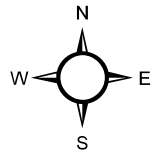




Harnett.org/GIS

December 30, 2024

-  County Boundary
-  Address Numbers
-  Road Centerlines
-  US
-  Parcels



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2292473

Filed on: 01/07/2025

Initially filed by: MAC2025@

Designated Lien Agent

Investors 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

145 Prospect Church Rd
Erwin, NC 28339
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

Mount Pisgah Harnett Free Will Original Free
Will Baptist, Inc
145 Prospect Church Rd
Erwin, NC 28339
United States
Email: gblue546@embarqmail.com
Phone: 910-224-6175

View Comments (0)

Technical Support Hotline: (888) 690-7384

Details: Notice to Lien Agent

Entry #: 2293023 | Linked to: #2292473

Filed on: 01/08/2025

Initially filed by: 71Mach-1

Status:

Active -

Expires on 01/08/2030

Parent Filings Information

Linked to Appointment of Lien Agent with ID: 2292473

Potential Lien Claimant Information

STE General Contractors, LLC

P. O. Box 2364

Dunn, NC 28335 United States

Phone: 910-891-5465

Fax:

Email: stegc.office@gmail.com

Contracted Through

STE General Contractors, LLC

Project Property

145 Prospect Church Rd

Erwin, NC 28339

Harnett County

Attention:

I hereby give notice of my right subsequently to pursue a claim of lien for improvements to the real property described in this notice.

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

Technical Support Hotline: (888) 690-7384

Initial Application Date: _____

Application # _____

COUNTY OF HARNETT DEMOLITION APPLICATION

Central Permitting

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

www.harnett.org/permits

LANDOWNER: Mt. Pisgah Free Will Baptist Church Mailing Address: Attn: Marie Hicks, PO Box 741

City: Erwin State: NC Zip: 28339 Contact # 919-215-3064 Email: rhinton528@gmail.com

APPLICANT*: STE General Contractors, LLC Mailing Address: PO Box 2364

City: Dunn State: NC Zip: 28335 Contact # 910-891-5465 Email: stegc.tommy@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tommy McLeod Phone # 910-890-3979

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 10.12 ac

State Road # 2009 State Road Name: 145 Prospect Church Rd, Erwin, NC 28339 Map Book&Page: _____ / _____

Parcel: 9.61ACS MT PISGAH/CLAYTONMAP#2002-569 PIN: 0589-54-5134.000

Zoning: RA-20M Flood Zone: _____ Watershed: _____ Deed Book&Page: 1629 / 0542

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: W Cornelius Harnett Blvd 6.6 mi to L on Prospect Ch Rd, 145 on L

Structure(s) to be demolished & removed: Single family dwelling _____ Manufactured Home _____ Other (specify) X

Structures (existing and/or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

* Existing building beside the Church Building

Water Supply: (X) County () Existing Well

Sewage Supply: (X) Existing Septic Tank () County Sewer

* If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.

* If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the removal to ensure proper listing.

*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

****PLEASE NOTE**** Failure to completely demolish, remove, and clear the premises will result in the withholding of the Certificate of Compliance. Thus, future permits for the property will be denied, and fines may be imposed for failure to complete demolition/removal.

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.

Thomas McLeod

1/10/2025

Signature of Owner or Owner's Agent

Date

****This application expires 6 months from the initial date if no permits have been issued****

Asbestos requirements are applicable if the occupancy use is or changes to Commercial (not residential), or if multiple structures are being demolished & removed at one time.

An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's responsibility to properly notify the Department of Health and Human Services Division of Public Health – Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett County Ordinances. Call for inspection at proper stage of work.

Thomas McLeod

1/10/2025

78246U

CONTRACTOR / APPLICANT

DATE

LICENSE NO. (If applicable)

Please contact the Department of Health and Human Services for their requirements and permit information.

<http://www.epi.state.nc.us/epi/asbestos/ahmp.html>



Initial Application Date: _____

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Mt. Pisgah Free Will Baptist Church Mailing Address: Attn: Marie Hicks, PO Box 741

City: Erwin State: NC Zip: 28339 Contact # 919-215-3064 Email: rhinton528@gmail.com

APPLICANT*: STE General Contractors, LLC Mailing Address: PO Box 2364

City: Dunn State: NC Zip: 28335 Contact # 910-890-3979 Email: stegc.tommy@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tommy McLeod Phone # 910-890-3979

Address: 145 Prospect Church Rd, Erwin, NC 28339 PIN: 0589-54-5134.000

Zoning: RA-20M Watershed: WS-IV Flood: Zone X Deed 1629 / 0542

Setbacks – Front: 35 **Back:** 10 **Side:** 25 **Corner:** 20

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: 3 Kitchen: X
- Accessory/Addition/Other (Size 110 x 100) Use: Ministry Activities Center

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) ***Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)**

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation X Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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.

Thomas McLeod

1/10/2025

Signature of Owner or Owner's Agent

Date

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

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

*****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
APPLICATION CONTINUES ON BACK

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

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)

Environmental Health New Septic System

- **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.**

Environmental Health Existing Tank Inspections

- 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**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

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 {_X} 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 {X} NO Does the site contain any Jurisdictional Wetlands?
 {__} YES {X} NO Do you plan to have an irrigation system now or in the future?
 {__} YES {X} NO Does or will the building contain any drains? Please explain. _____
 {X} YES {__} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 {__} YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
 {__} YES {X} NO Is the site subject to approval by any other Public Agency?
 {__} YES {X} NO Are there any Easements or Right of Ways on this property?
 {X} 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.

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Mt Pisgah Free Will Baptist Church Date: 1/8/2025
Site Address: 145 Prospect Church Rd, Erwin, NC 28339 Phone: 910-897-4514
Directions to job site from Lillington: W Cornelius Harnett Blvd 6.6 mi to L onto Prospect Ch Rd, 145 on L

Subdivision: 9.61ACS MT PISGAH/CLAYTONMAP#2002-569 Lot: _____

Description of Proposed Work: Addition, Activities Bldg

Heated SF 10,641 Unheated SF _____

General Contractor Information: Building Cost \$ 1.6 M

STE General Contractors, LLC 910-890-3979

Building Contractor's Company Name Telephone

PO Box 2364, Dunn, NC 28335 stegc.tommy@gmail.com

Address Email Address

[Signature] 78246U

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 90,000

Description of Work New Construction Service Size: 100 Amps #T-Poles _____

J.M. Pope Electric, LLC 919-776-5144

Electrical Contractor's Company Name Telephone

409 Chatham St, Sanford, NC 27330 marshallpope72@gmail.com

Address Email Address

[Signature] 21326L

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 173,000

Description of Work New Construction # Units 3+mini new, install 5

Certified Heating and Air Conditioning, LLC 910-858-0000 910-818-0600

Mechanical Contractor's Company Name Telephone

PO Box 1071, Hope Mills, NC 28348 certifiedheatingandairllc@gmail.com

Address Email Address

[Signature] L.20012

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 66,110

Description of Work New Construction # Baths 3

MLS Plumbing Company, Inc 910-484-1124

Plumbing Contractor's Company Name Telephone

784 Gentry Rd, Erwin, NC 28339 mlsplumbing@hotmail.com

Address Email Address

[Signature] NC28833P1

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Cumberland Insulation Co., Inc 910-484-7118

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 _____

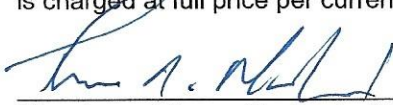
Signature of Officer(s) of Corporation _____

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.



1/8/2025

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

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: STE General Contractors, LLC

Sign w/Title:  PARTNER

Date: 1/8/2025