Harnett COUNTY NORTH CAROLINA

Initial Application Date: 8/13/26

Application # _____

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:** Luis Tirado **Mailing Address:** 6285 US 421 S

**City:** Lillington **State:** NC **Zip:** 27546 **Contact #** 919-648-3999 **Email:** i.acevedo95@ymail.com

**APPLICANT*:** Jenkins Consulting Engineers **Mailing Address:** 1606 McArthur Rd.

**City:** Fayetteville **State:** NC **Zip:** 28311 **Contact #** 910-822-1724 **Email:** margaretc@jenkinsce.pro

*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** Margaret Collier **Phone #** 910-822-1724

**Address:** 1606 McArthur Rd. **PIN:** 110589000901 - 0589170727

Deed Book Page: _____/_____

**PROPOSED USE:**

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☑ Business Sq. Ft. Retail Space: 45x35 Type: Wood frame office # Employees: 4 Hours of Operation: 8-5

☐ Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____

☐ Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____

☐ Accessory/Addition/Other (Size ____x____) Use: _____

Water Supply: ☑ 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 ☐ Existing Septic Tank ☑ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic

**Comments:** This is a wood frame for the use as an office for the Tirado Truck Repair Shop

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.

Margaret B Collier Digitally signed by Margaret B Collier Date: 2025.09.17 11:28:36 -04'00' 08/20/26

**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***

**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 {☐} 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.**

Harnett COUNTY NORTH CAROLINA

*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.

Application # _____

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: Tirado Transport LLC Date: 09/03/2025

Site Address: 6285 US 421 South Phone: 919-648-3999

Description of Proposed Work: New PEMB 2 bay repair garage

**General Contractor Information:** Building Cost $ 200,000

| | |
|---|---|
| J & D Construction | 919-779-6919 |
| Building Contractor's Company Name | Telephone |
| PO Box 203 Garner, NC 27529 | jturnerjr31@att.net |
| Address | Email Address |
| | 29046 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |

**Electrical Contractor Information:** Electrical Cost $ 25,000

Description of Work Wiring of buildings Service Size: _____ Amps #T-Poles _____

| | |
|---|---|
| Mark II Electric | 252.670.8900 |
| Electrical Contractor's Company Name | Telephone |
| 109 Primrose Lane, Clayton, NC 37520 | markiielectric@gmail.com |
| Address | Email Address |
| | 30861 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |

**Mechanical Contractor Information:** Mechanical Cost $ 25,000

Description of Work Putting in new HVAC Systems # Units _____

| | |
|---|---|
| RA A/C Heating & Repairs Inc. | 910.443.0343 |
| Mechanical Contractor's Company Name | Telephone |
| 506 Stage Coach Trail, Greensboro, NC 27409 | dcoble19@triad.rr.com |
| Address | Email Address |
| | L10351 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |

**Plumbing Contractor Information:** Plumbing Cost $ 15,000

Description of Work Install of plumbing in office & repair garage # Baths 3

| | |
|---|---|
| AGD Plumbing LLC | 336.516.5301 |
| Plumbing Contractor's Company Name | Telephone |
| 2307 Yow Dr., Greensboro, NC 27407 | oreos@att.net |
| Address | Email Address |
| | 21671 |
| Signature of Owner/Contractor/Officer(s) of Corporation | 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**

Harnett COUNTY NORTH CAROLINA

**Sprinkler Contractor Information**

NA
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

NA
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.

Luis Tirado | 8/12/26

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.

Sign w/Title: Luis Tirado, Owner Date: 8/12/26