

COMMERCIAL BUILDING APPLICATION

Site Address: 3412 US HIGHWAY 301 N PIN: 1527-49-6827.00
 Owner: Beacon Rescue Mission Phone: 910-892-5772 Email: STAFF@BeaconMission.com
 Description of Proposed Work: General Repairs Total Job Cost: \$ 5,000.00

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

General Contractor's Company Name _____ Phone _____
 Address _____ Email _____
 License # _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ _____
Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Power run for HVAC Service Size: _____ Amps T-Poles: YES NO
Hogue Electric Company _____ Phone 910-890-2556
 Electrical Contractor's Company Name _____
2951 McDOW GOLF RD, LILLINGTON, NC 27546 _____ Email ALHOGUE@PRODIGY.NET
 Address _____
4424-U _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ 1,500
 License # _____ Lyle Hogue _____ **Electrical Cost**

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: HVAC Mini Split Install # of Units: 2
Indoor Comfort Systems LLC _____ Phone 910-891-8472
 Mechanical Contractor's Company Name _____
Po Box 307 COATS, NC 27521 _____ Email INDOORCOMFORTSYSTEMS@YAHOO.COM
 Address _____
17615 _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ 2,000.00
 License # _____ ANDY WATKINS _____ **Mechanical Cost**
JUDITH WATKINS

PLUMBING CONTRACTOR INFORMATION

Description of Work: Store Bathroom UPFIT # of Baths: 1
Allegiance Plumbing LLC _____ Phone 910-514-7274
 Plumbing Contractor's Company Name _____
6069 NC 210 N ANTWER, NC 27501 _____ Email ALLEGIANCPLUMBING@GMAIL.COM
 Address _____
33823-U _____ Signature of Owner/Contractor/Officer of Corp. _____ \$ 1,500
 License # _____ Ron Cuevas _____ **Plumbing Cost**

REFRIGERATION CONTRACTOR INFORMATION

N/A
Refrigeration Contractor's Company Name _____ Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

SPRINKER CONTRACTOR INFORMATION

N/A
Sprinkler Contractor's Company Name _____ Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

FIRE ALARM CONTRACTOR INFORMATION

N/A
Fire Alarm Contractor's Company Name _____ Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature]
Signature of Owner/Contractor/Officer of Corp.

5-18-26
Date

COMMERCIAL LAND USE APPLICATION

SITE ADDRESS: 3418 US HIGHWAY 301 NORTH **PIN:** 1527-49-6827.000
LANDOWNER: BEACON RESCUE MISSION **Mailing Address:** 207 WEST BROAD ST.
City: Dunn **State:** NC **Zip:** 28334 **Phone:** 910-892-5772 **Email:** STAFF@BEACONMISSION.COM

*Please fill out applicant information if different than landowner.

APPLICANT: Amos Love **Mailing Address:** 207 WEST BROAD ST.
City: Dunn **State:** NC **Zip:** 28334 **Phone:** 910-892-5772 **Email:** STAFF@BEACONMISSION.COM

PROPOSED USE:

- Multi-Family Dwelling:** # Units: _____ # Bedrooms/Unit: _____
- Business:** SQ. FT.: Retail Space: 16,000 Type: Retail # Employees: 10 Hours of Operation: 10-6 MON-SAT
- Daycare:** # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry:** SQ. FT.: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church:** Seating Capacity: _____ # Bathrooms: _____ Kitchen: Yes No
- Sign:** (Size _____ x _____) Type: _____ Illuminated: Yes No If yes, Internal External
- Accessory/Addition/Other:** (Size _____ x _____) Use: _____

UTILITIES:

Water Supply: County Existing Well New Well (# of facilities using well _____) CITY OF DUNN
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer

(Complete Environmental Health Checklist on other side of application if Septic is selected)

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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Amos Love
 Signature of Owner or Owner's Agent

5-18-20
 Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.

Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

NEW SEPTIC SYSTEM INSPECTION

- **All property irons must be made visible.** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

EXISTING TANK INSPECTION

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

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 rights-of-way 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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.



 Signature of Owner or Owner's Agent

5/18/26

 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

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

Has 3 or more employees and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

Has no more than 2 employees and no subcontractors,

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



Signature of Owner/Contractor/Officer of Corporation

5-18-26

Date