



Initial Application Date: 7-18-25

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: Agape/Kure Beach Ministries Mailing Address: 1369 Tyler Dewar Lane

City: Fuquay-Varina State: NC Zip: 27526 Contact # _____ Email: _____

APPLICANT*: JD Beam Mailing Address: 6870 Perry Creek Rd

City: Raleigh State: NC Zip: 27616 Contact # -919-833-3224 Email: dustinc@jdbeam.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Goldsmith Phone # 919-427-3394

Address: 6870 Perry Creek Rd PIN: _____

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: _____ / _____

Setbacks – Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

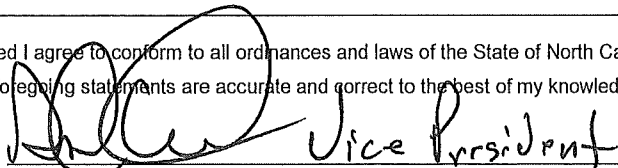
- ☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- ☐ Business Sq. Ft. Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- ☐ Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- ☐ Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- ☐ Church 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: _____

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.


Signature of Owner or Owner's Agent

7/18/25
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.

*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
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: Agape/Kure Beach Ministries, Inc. Date: 7/18/25

Site Address: 1470 Tyler Dewar Lane, Fuquay-Varina, NC 27526 Phone: _____

Directions to job site from Lillington: Take 401 to Christian Light rd and turn Left then go to Cokesbury Rd turn Left go to River Rd turn Left and go to Tyler Dewar and turn Right
site is down on Right

Subdivision: _____ Lot: _____

Description of Proposed Work: Renovation / Addition to Pool House

Heated SF 1546 Unheated SF _____

General Contractor Information: Building Cost \$ 500,000

<u>JD Beam Inc. DBA Beam General Contractors</u>	<u>License # 14167</u>
<u>Building Contractor's Company Name</u>	<u>Telephone</u>
<u>6870 Perry Creek Rd ,Raleigh ,NC 27616</u>	<u>919-833-3224</u>
<u>Address</u>	<u>Email Address</u>

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 05866 U

Electrical Contractor Information: Electrical Cost \$ 32,750

Description of Work _____	Service Size: _____ Amps #T-Poles _____
<u>Waco Electrical Company</u>	<u>919-772-1745</u>
<u>Electrical Contractor's Company Name</u>	<u>Telephone</u>
<u>9527 Industry Drive ,Raleigh ,NC 27603</u>	<u>Email Address</u>
<u>Address</u>	

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 29380 H1,H2,H3

Mechanical Contractor Information: Mechanical Cost \$ 44,530

Description of Work _____	# Units _____
<u>Modern Mechanical</u>	
<u>Mechanical Contractor's Company Name</u>	<u>Telephone</u>
<u>1544 Mechanical Blvd, Garner, NC 27529</u>	<u>Email Address</u>
<u>Address</u>	

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 22186 CP1

Plumbing Contractor Information: Plumbing Cost \$ 50,000

Description of Work _____	# Baths _____
<u>Plumbing & Mechanical Corp of NC, Inc.</u>	
<u>Plumbing Contractor's Company Name</u>	<u>Telephone</u>
<u>98 Broad Leaf Court , Chapel Hill, NC 27517</u>	<u>Email Address</u>
<u>Address</u>	

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

Insulation Contractor Information

<u>Livegreen 5001 Poole Rd, Raleigh, NC 27610</u>	
<u>Insulation Contractor's Company Name & Address</u>	<u>Telephone</u>

***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 _____

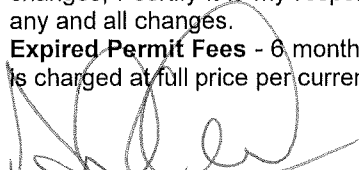
Signature of Officer(s) of Corporation _____

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.

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

7/10/25
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

X 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:

X 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: Beum General Contractors

Sign w/Title: vice President Date: 7/10/25

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 2419387

Filed on: 07/21/2025

Initially filed by: ChrisKJdbeam

Designated Lien Agent

Chicago Title Company, LLC

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**1470 Tyler Dewar Lane
Fuquay-Varina, NC 27526
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 InformationAgape/Kure Beach Ministries Inc
1369 Tyler Dewar Lane
Fuquay-Varina, NC 27526
United States
Email: melindamenz@gmail.com
Phone: 919-552-9421

View Comments (0)

Technical Support Hotline: (888) 690-7384

DEMO NOTES:

1. REMOVE SECTION OF GATE AND FENCE, SEE FLOOR PLAN FOR NEW GATE CONFIGURATION
2. REMOVE SHOWER WALL FIXTURES, GC TO REMOVE OR ABANDON EXISTING SHOWER DRAIN UNDER NEW TOILET. SEE PLUMBING DWGS
3. REPLACE EXISTING TOILET WITH NEW FIXTURE SEE PLUMBING DWGS
4. REPLACE EXISTING SINK WITH NEW FIXTURE
5. REMOVE EXISTING WATER FOUNTAIN AND PREP WALL AND PLUMBING FOR NEW WATER COOLER
6. REMOVE DOOR AND FRAME AND PREP WALL OPENING FOR NEW DOOR AND JAMB.
7. REMOVAL OF WALL AND WINDOW, GC TO EVALUATE FRAMING INSIDE THE WALL TO INSTALL NEW STUD FRAMING FOR NEW CASED OPENING
8. REMOVE SECTION OF WALL FOR NEW DOOR AND FRAME OPENING INTO NEW PUMP ROOM
9. REMOVE EXISTING LIGHT FIXTURE AND WIRE ASSOCIATED WITH THE SPECIFIC DEVICE. SEE ELECTRICAL DWGS
10. REMOVE EXISTING CEILING MATERIAL AND PREP FOR NEW MATERIAL, SEE RCP
11. DEMO EXISTING SOFFIT AND INSTALL NEW FASCIA BOARD WHERE EXPOSED WITH NEW ADDITION FRAMING
12. REMOVE EXISTING SHINGLES AND ROOFING FABRIC DOWN TO THE ROOF SHEATHING.
13. REMOVE EXISTING OPENING HATCH AND PREP OPENING FOR NEW INFILL STUD FRAMING WITH PERIMETER ADHESIVE TAPE FLASHING
14. CUT CONCRETE FOR NEW PLUMBING, SEE PLUMBING DRAWINGS

GENERAL NOTES:

1. NEW EXTERIOR SHOWERS WITH NEW FLOOR DRAINS AND SHOWER RECEPTACLES.
2. NEW BATHROOM PARTITIONS WITH 2' DOORS.
3. NEW WATER CLOSETS AND NEW WALL MOUNTED SINK AND MIRROR IN BOTH RESTROOMS.
4. NEW HI/LOW (ELKAY) WITH WATER BOTTLE FILLER ATTACHMENT.
5. DENOTES NEW WALLS (3.5" WOOD STUDS)
6. NEW INFILL WALL WITHIN EXISTING OPENING (3.5" WOOD STUDS)
7. NEW UNISEX RESTROOM - THIS RESTROOM WILL BE COUNTED TOWARDS THE WOMEN'S RESTROOM COUNT, BUT WILL BE NOTED TO BE UNISEX AND ACCESSIBLE.

WATER CLOSET

REQUIREMENTS: MALE - 2 | WOMEN - 3

8. NEW CRAFT PANTRY TO HAVE BUILT IN SHELVING AND STORAGE
9. NOT USED
10. NEW WALL BUILT TO BOTTOM SIDE OF EXISTING ROOF STRUCTURE
11. NEW DOORS HAVE DOOR NUMBERS, EXISTING DOORS TO REMAIN: EX
DOOR #1: 3-0x7-0 SOLID PANEL DOOR
DOOR #2: 3-0x6-8 POCKET DOOR
DOOR #3: 3-0x6-8 FULL LITE DOOR
DOOR #4: 3-0x6-8 SOLID PANEL DOOR
12. SEE EXTERIOR ELEVATIONS FOR WINDOWS ABOVE THE CUT LINE.
13. GC TO EVALUATE WALL STUDS DURING DEMO TO KEEP FRAMING AND REPLACE SHEATHING WITH GYP BOARD OR FRAME NEW WALL

