

Initial Application Date: 6-25-18

Application # 18-50044410
DRB # _____ CU # _____

COMMERCIAL
COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: McDonald's Mailing Address: _____

City: Spring Lake State: NC Zip: 28390 Contact # _____ Email: _____

APPLICANT: Reese Sign Mailing Address: P.O. Box 10593

City: Goldshoro State: NC Zip: 27532 Contact # Cathy Reese Email: ReeseSign@Arl.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: _____ Phone # 919-736-7883

PROPERTY LOCATION: Subdivision: McDonald's Anderson Crk Shp Ctr Lot #: 4R Lot Size: _____

State Road # 1120 State Road Name: 6851 Overhills Road Map Book & Page: 2012, 594

Parcel: 0105D5D1 0300 99 PIN: 0504-98-8267.000

Zoning: COMM Flood Zone: X Watershed: NO Deed Book & Page: 3225, 238 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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: _____ Kitchen: _____
- Accessory/Addition/Other (Size 9 x 15) Use: lit sign

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *MUST have operable water before final
Sewage Supply: _____ New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) County Sewer

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.

Cathy Reese
Signature of Owner or Owner's Agent

6-25-18
Date

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

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

*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 # 18-5004410

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: McDonald's Inc Date: 7-2-18

Site Address: 6851 Overhills Rd. Spring Lake NC

Directions to job site from Lillington: Hwy 210 S for 9 miles
turn right on to overhills Rd. 3 miles
on right

Subdivision: _____ Lot: _____

Description of Proposed Work: Install signs

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 5,250.00

Building Contractor's Company Name: Reese Sign Telephone: 919-736-7883

Address: P.O. Box 10593 Goldsboro NC 27532 Email Address: reese.sign@ad.com

Signature of Owner/Contractor/Officer(s) of Corporation: Cathy Reese License #: 16785 SPFS

Electrical Contractor Information: Electrical Cost \$ Same

Description of Work: Install signs to existing Service Size: _____ Amps #T-Poles: _____
Reese Sign electrical provided by other 919-736-7883

Electrical Contractor's Company Name: _____ Telephone: _____

Address: P.O. Box 10593 Goldsboro NC 27532 Email Address: JAMe

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

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.

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

7-2-18
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: _____

Sign w/Title: _____ Date: _____