*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.hamett.org/permits

COMMERCIAL

| Application for Building and Trades I | Permit (12/25 |
|---|-----------------------------|
| Owner's Name; | Date: 6/3/23 |
| Site Address: 203 E. JACKSON Blud Erwin | NC Phone: 9106943400 |
| Directions to job site from Lillington: From 210 turn | anto Neill (reek led. |
| and left onto 421 South | |
| | |
| Subdivision: | Lot: |
| Description of Proposed Work: Internally illuminated | ronument Sign |
| Heated SF Unheated SF | 9 |
| General Contractor Information: Building Cost \$ | |
| <i>NIA</i> | |
| Building Contractor's Company Name | Telephone |
| | Email Address |
| Address | Email Address |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Electrical Contractor Information: Electrical Cost | \$ 200 |
| | 25 Amps #T-Poles |
| Electrical Contractor's Company Name | Tolophono |
| 7003 Huy 210N Angier NC | Nichele@carolinarignand son |
| Address | Email Address |
| | 25159-5P-ES |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Mechanical Contractor Information: Mechanical C | |
| Description of Work | # Units |
| Mechanical Contractor's Company Name | Telephone |
| Wiedriamoar Goria Goringariy Warris | |
| 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 |
| Triumbing Contractor's Company Name | 1 diaphienie |
| Address | Email Address |
| | S= |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| // Insulation Contractor Information | |
| N/A | |
| Insulation Contractor's Company Name & Address | Telephone |

| Sprinkler Contractor Information | 1 |
|---|--|
| Sprinkler Contractor's Company Name | Telephone |
| | |
| Address | Email Address |
| Signature of Officer(s) of Corporation | License # |
| Fire Alarm Contractor Informatio | <u>11</u> |
| Fire Alarm Contractor's Company Name | Telephone |
| Address | Email Address |
| Signature of Officer(s) of Corporation | License # |
| <u>Driveway Access</u> - NC Department of Transportation Driveway Acc | cess/Permit?Yes No |
| I hereby certify that I have the authority to make necessary application, and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur including number of bedrooms, building and trade plans, Environmental Health pechanges, I certify it is my responsibility to notify the Harnett County Ce any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule. | ding, Electrical, Plumbing and the information on the above and listed contractors, site plan, ermit changes or proposed use antral Permitting Department of |
| Mula Mart | 6/3/25 |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date |
| Affidavit for Worker's Compensation N The undersigned applicant being the: | .C.G.S. 87-14 |
| General Contractor Owner Officer/Agent of | of the Contractor or Owner |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit: | or corporation(s) performing the work |
| Has three (3) or more employees and has obtained workers' com | pensation insurance to cover them, |
| Has one (1) or more subcontractors(s) and has obtained workers them. | compensation insurance to cover |
| Has one (1) or more subcontractors(s) who has their own policy covering themselves. | of workers' compensation insurance |
| Has no more than two (2) employees and no subcontractors. | |
| While working on the project for which this permit is sought it is underston Department issuing the permit may require certificates of coverage of work to issuance of the permit and at any time during the permitted work from carrying out the work. | orker's compensation insurance prior any person, firm or corporation |
| Company or Name: Carolina Sign & Service / Sign w/Title: Mall Mostly office Manager | M. Maskin |
| Company of Name | 11Chele / 14(8)183 |

/



Name of Applicant

Home Address

Town of Erwin

Sign Application & Permit (March 2011)

Duke Ron PAR

203 E. The Con Business Address

Permit # 25-0164

Planning & Inspections Department

Each application should be submitted with an attached site plan and sign specifications. Each site plan shall identify the location of the proposed sign in relation to the primary structure and property lines of the subject lot upon which the sing is proposed to be placed. The sign specifications shall clearly identify the dimensions of the proposed sign as well as the copy to be contained by the proposed sign. If wall or projecting sign, site plan shall illustrate location of proposed sign in relation to the building upon which the proposed sign is to be attached with roof line indicated and the measurements of the bottom edge of the proposed sign to the walking surface below the proposed sign.

Property Owner

7003 Hwy 210 Home Address

| 110ttle Address | 11-1010 | | NOTE | | No and some | | |
|--|-----------------------|--|-------------------------|--------------------------|------------------------|--|--|
| City, State, Zip | Angier NC2750 | City, State, Zip | ENWIN NC 28339 | | Argue NC279M | | |
| Telephone | 9196393475 | Telephone | 9106947400 | Telephone | 9196393475 | | |
| Email | CANIMATION AND | Email | Paristert 6 | Email | CANTO ISA | | |
| Address of Proposed Pr | - A | 203 E. Jackson Blud Envin NC | | | | | |
| Parcel Identification Nu | mber(s) (PIN) | 0597765659.000 | | | | | |
| Proposed Sign Type (Check all that | | [Free Standing []Wall []Projecting []Billboard []Permanent | | | | | |
| apply) | | []Temporary [Milluminated []Non-Illuminated []Other: | | | | | |
| Message of Copy on Sign | | Stewart + Duke PLLC | | | | | |
| Width of Building Wall | upon which Sign | مار | | | | | |
| is to be Placed (In Feet) | | N/A | | | | | |
| If Freestanding Sign: Di | stance between | 1100 | 7 | | | | |
| Sing and Road Right-of-Way (In Feet) | | | | | | | |
| If Freestanding Sign: Total Height of Sign | | | | | | | |
| (In Feet) | | 717: 10. 8/d'Essel | Waha V Haight 60 | " Feet/Inches | | | |
| Sign Surface Measurements Width 86 Feet/Inches X Height 60 Feet/Inches | | | | | | | |
| Owner/Applicant Must Read and Sign | | | | | | | |
| The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and | | | | | | | |
| answers, statements, and o belief. The undersigning p | ther information ner | ewith submitted are in | nation submitted may | result in the revocation | n of this application. | | |
| 77 | it the undersigning | narty agrees to conto | rm to all applicable to | Wil Ordinances, Zoning | TCBMMIOID, and | | |
| I Cabo of North (| `arolina romulating s | uch work and to the s | specifications of plans | nerem submitted. | e mineral Print Party | | |
| laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved. | | | | | | | |
| Michele Marston Melal Parte Castes | | | | 6/5/25 | | | |
| Print Name Signature of Owner or Representative Date | | | | Date | | | |
| For Office Use | | | | | | | |
| Zoning District | Exi | sting Nonconforming | NA | | | | |
| | | es or Features | | onal Use Building | _Other | | |
| Front Yard Setback | | er Permits Required | Condition | | | | |
| Side Yard Setback Zoning Permit Status Approved Denied | | | | | | | |
| Rear Yard Setback 7 Pt Fee Paid: 5 100 Date Paid: Staff Initials: | | | | | | | |
| Comments Sign Small OG 12 Pt From 1000 right-of-way/property INGS | | | | | | | |
| Signature of Town Representative: Date Approved/Denied: 6375 | | | | | | | |
| organization to the representation of the second of the se | | | | | | | |
| | | | | | | | |
| Toma remite and llower and | | | | | | | |
| Troas permits from Homost Country | | | | | | | |