



Initial Application Date: _____

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: F and S Land Development LLC Mailing Address: 94 Lunker Lane

City: Holly Springs State: NC Zip: _____ Contact # 919-730-7802 Email: stephensontwblinginc@gmail.com

APPLICANT*: Advantage Signs & Service, Inc Mailing Address: PO Box 10910

City: Angier State: NC Zip: 27501 Contact # 919-639-4666 Email: Candice.Price@advancesigns.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Candice Price Phone # 919-639-4666

Address: PO Box 10910 Angier, NC 27501 PIN: 05-0645-0207

Zoning: RA-30 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 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: Installation of 19.81 sqft illuminated wall sign.

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.

Candice Price

Signature of Owner or Owner's Agent

14 Aug 2025

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: F and S Land Development LLC Date: 14 Aug 2025
Site Address: 94 Lunken Lane, Holly Springs, NC Phone: _____
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Installation of 19.8/sq ft illuminated wall sign.

Heated SF _____ Unheated SF 19.8/sq ft

General Contractor Information: Building Cost \$ _____

Advance Signs & Service, Inc

Building Contractor's Company Name

PO Box 1090 Angier, NC 27501

Address

Candice Price

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

919.639.4666

Telephone

Candice.Price@advance

signservice.com

Email Address

License # _____

Electrical Contractor Information: Electrical Cost \$ _____

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

Advance Signs & Service, Inc

Electrical Contractor's Company Name

PO Box 1090 Angier, NC 27501

Address

Candice Price

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

919.639.4666

Telephone

Candice.Price@advance

signservice.com

Email Address

16005-SP-ES

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.

Candice Price

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

14 Aug 2005

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: Advance Signs & Service, Inc.

Sign w/Title: Candice Price agent

Date: 14 Aug 2005

8 ft 6 in

2 ft 4 in

42 STORE ALL

19.81 SQ FT
Sign Area
Proposed

Aluminum Routed Face Sign Cabinet Painted Black
2000 Flat White Acrylic Backing

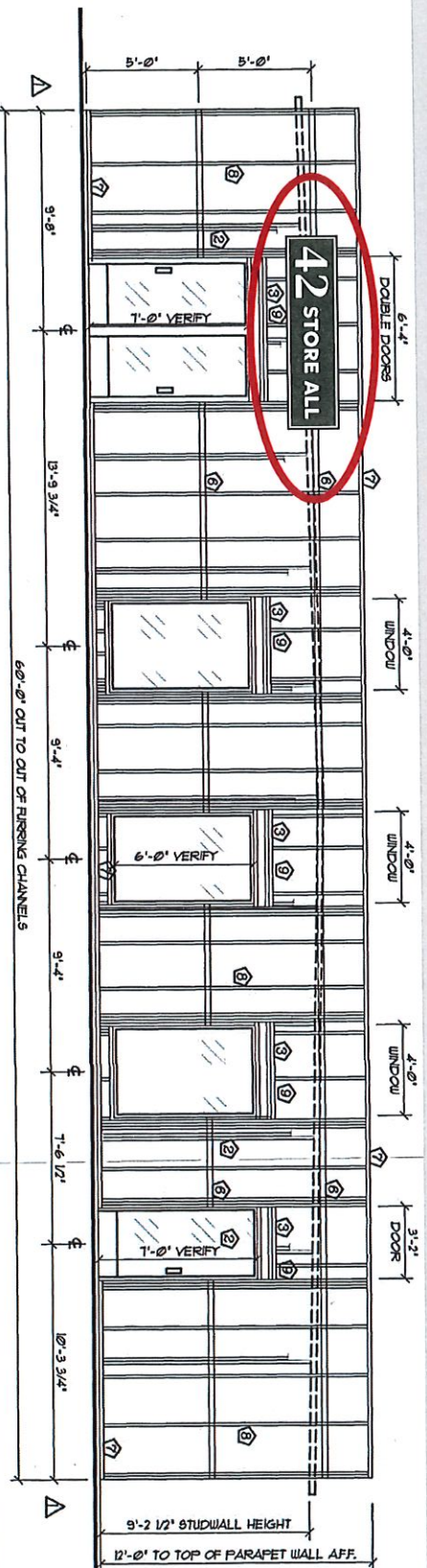
Internally LED Illuminated

Simulated Illumination

3" Cabinet Depth

42 STORE ALL

Sign Installed on Building #1
Front Elevation
Facade Height - 12' Frontage - 60'



ADVANCE SIGNS & SERVICE

596 Church St.
Angier, NC 27501
919.639.4666

www.advancesignservice.com

[illegible]

Store All 42

PROJECT

Store All 42

PROJECT LOCATION

94 Lunker Lane
Holly Springs, NC

DESIGNED BY

MICHAEL AKINS

COLORS / FINISHES / MATERIAL

[illegible]