

Initial Application Date: 2 · 2 @ · 19

NO FEE

Application # S191902.0003

COMMERCIAL COUNTY OF HARNETT LAND USE APPLICATION Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits Mailing Address: 1414 Yanceyunk St. #300 \_\_\_\_\_ State: NC\_ Zip: \_\_\_\_ Contact # \_ 336 - 553 - 3260 Email: \_\_ \_Mailing Address: Po Box 702 State. Zip: 28/16 Contact # 784. 664-4389 Email: noms @thesigndinic.com \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Deed Book Page: PROPOSED USE: Multi-Family Dwelling No. Units: \_\_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_ Sq. Ft. Retail Space: \_\_\_\_\_\_Type: \_\_\_\_\_\_# Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Business # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_ Hours of Operation: Daycare Sq. Ft: \_\_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: Industry Seating Capacity: \_\_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: \_\_\_\_ Church 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) 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.

\*\*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

Signature of Owner or Owner's Agent

\*\*\*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.\*\*\*

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



\*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 PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ax 910-893-2793 www.harnett.org/permits COMMERCIAL

Application for Building and Trades Pe	
Owner's Name: Biscuitville	Date: 2/20/19
Site Address: 1609 NC 24-97	Phone:
Description of Proposed Work: Install drive thru Canopy	
General Contractor Information: Building Cost \$ _	
,	
Building Contractor's Company Name	704. 664. 4389 Telephone
Po Box 702 Movesville NC 28115	morris @ thesign clinic. Com
Address	Zillan riadiooo
Signature of Owner/Contractor/Officer(s) of Corporation	ES- 22855
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost \$	License #
Description of Work Final Connection to drive thry  Service Size:	Amps #T-Poles
SIGN CLINIC CANON	704 664-4389
Electrical Contractor's Company Name	relephone
Po has 702 Mooresville Mt 28115	INOTAL Of the Sk nelinic Com Email Address
Address	
	ES. 22855
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical Co	License #
Description of Work	# Units
Machaniani Contractor's Company Nama	Telephone
Mechanical Contractor's Company Name	relephone
Address	Email Address
Addless	
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 Informa	tion
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation  Fire Alarm Contractor Information	License #
*	
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	Access/Permit?Yes No
I hereby certify that I have the authority to make necessary applicate and that the construction will conform to the regulations in the E Mechanical codes, and the Harnett County Zoning Ordinance. I structure contractors is correct as known to me and if any changes occur inclumber of bedrooms, building and trade plans, Environmental Health changes, I certify it is my responsibility to notify the Harnett County any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$ is charged at full price per current fee schedule.	Building, Electrical, Plumbing and tate the information on the above luding listed contractors, site plan, h permit changes or proposed use Central Permitting Department of
	J24/19
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensation	n N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Officer/Age	ent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm set forth in the permit:	(s) or corporation(s) performing the work
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 work them.	kers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own pol covering themselves.	licy 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 under Department issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work carrying out the work.	of worker's compensation insurance prior



Sign w/Title: 1 Jacon North - Project Manage Date: 2/20/19

## SITE PLAN

## **LEGEND**

FRONT ELEVATION

€-1 NL.3

**ENTRY ELEVATION** 

**№** NL.5

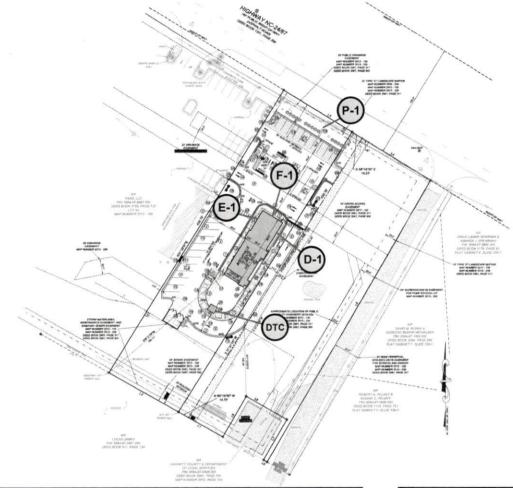
**D/T ELEVATION** 

(D-1) NL.4

PYLON SIGN

MEW SIGN

DRIVE THRU
© CANOPY



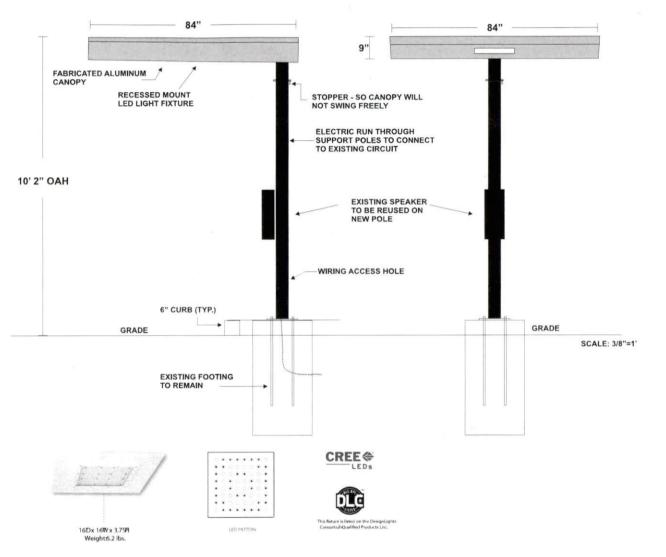
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NOTES	WALL SIGNS - ZONED COMMERCIAL
9/13/18	(3) signs per site. 1 sq ft of signage per 1 lineal ft of building facade sign attached to.
	FREESTANDING SIGN
	Sites that are less than 1 acre 100 sq ft at 15' OAH. Sites that are more than 1 acre 150 sq ft at 15' OAH. Pylon sign must have pole cover that spans 25% minimum of sign width.

DATE
DATE



Catalog #	Description	Input Voltage	Initial Delivered Lumens	сст	CRI	50K Hours Projected Lumen Maintenance Factor at 25° C <sup>1</sup>	Comparable To:
E-RC2L04CW	42W LED Cool White	120V-277V	4100	5000K	75	50,000 Hours	100W PSMH

<sup>1</sup> Calculated Lbased on 6,048 hours of LM-80 testing: >36,000 hours



ALL FINISHED POWDER COATED FOR MAXIMUM LIFE

## POLE COLOR



TOP



SUPER SILVER

SCALE: 3/8"=1'



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