



Initial Application Date: 03/08/2019

Application # STG-N1903-0002
DRB # _____ CU # _____

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

LANDOWNER: Kindercare Learning Center Mailing Address: 95 Centennial Pkwy

City: Spout Springs State: NC Zip: 28326 Contact # 918-269-0775 Email: _____

APPLICANT*: Johnson Sign Co. Mailing Address: 2240 Lansing Ave.

City: Jackson State: MI Zip: 49202 Contact # 517-784-3720 Email: greg@johnsonsign.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

Address: 95 Centennial Pkwy PIN: 9594-17-0790.000

Deed Book Page: _____ / _____

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: This application is to install (1) 59.75" x 75.75" @ 7' OAH internally illuminated monument sign, and (1) 24" x 100" internally illuminated wall sign per attached prints.

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.

Jay Johnson
Signature of Owner or Owner's Agent

3/8/19
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.*****
This application expires 6 months from the initial date if permits have not been issued

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: KinderCare Learning Centers Phone: 918-269-0775

Owner (s) Mailing Address: PO Box 6330
Portland OR 97228

Land Owner Name (s): KinderCare Learning Center Phone: 918-269-0775

Construction or Site Address: 95 Centennial Pkwy, Spout Springs NC

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done install (1) 59.75" x 75.75" @ 7' OAH monument sign and (1) 24" x 100" internally illuminated wall sign per attached prints.

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

95 Centennial Pkwy., Spout Springs

Subdivision: _____ Lot #: _____

I Jay Johnson will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Johnson Sign Co.
Contractor's Company Name
2240 Lansing Ave., Jackson MI 49202
Address
5306013
License # _____

517-784-3720
Telephone
greg@johnsonsign.com
Email Address

Structure Owner / Contractor Signature: Jay Johnson Date: 3/8/19

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**



Jim Johnson <jim@johnsonsign.com>

Signs for Spout Springs, NC

Stephens, Jeff <jestephens@kc-education.com>

Thu, Feb 28, 2019 at 11:46 PM

To: Jim Johnson <jim@johnsonsign.com>

Cc: "angie@jstephenscm.com" <angie@jstephenscm.com>, "Shinn, Alexis" <ashinn@kc-education.com>

This is approved. Please let us know the permit and production schedule.

Alexis, please process the deposit invoice.

thanks

Jeff

Jeff Stephens (Contractor)

KCE Design and Construction

918-269-0775

jestephens@kc-education.com

From: Jim Johnson <jim@johnsonsign.com>

Sent: Thursday, February 28, 2019 8:52:48 AM

To: Stephens, Jeff

Cc: angie@jstephenscm.com; Shinn, Alexis

Subject: Signs for Spout Springs, NC

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