



Initial Application Date: 9.20.19

Application # Sign 1909.0003  
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:** GAP Properties LLC Mailing Address: 409 Community Dr

City: Fuquay Varina State: NC Zip: 27526 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT\*:** Don Probst 919-761-4223 Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Address:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

Zoning: \_\_\_\_\_ Watershed: \_\_\_\_\_ Flood: \_\_\_\_\_ 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 51.500 x 60 Use: business sign)

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**Signature of Owner or Owner's Agent**  
[Signature]

**Date**  
9.20.19

**\*\*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\***



APPLICATION CONTINUES ON BACK

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

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

**Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

**Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other \_\_\_\_\_

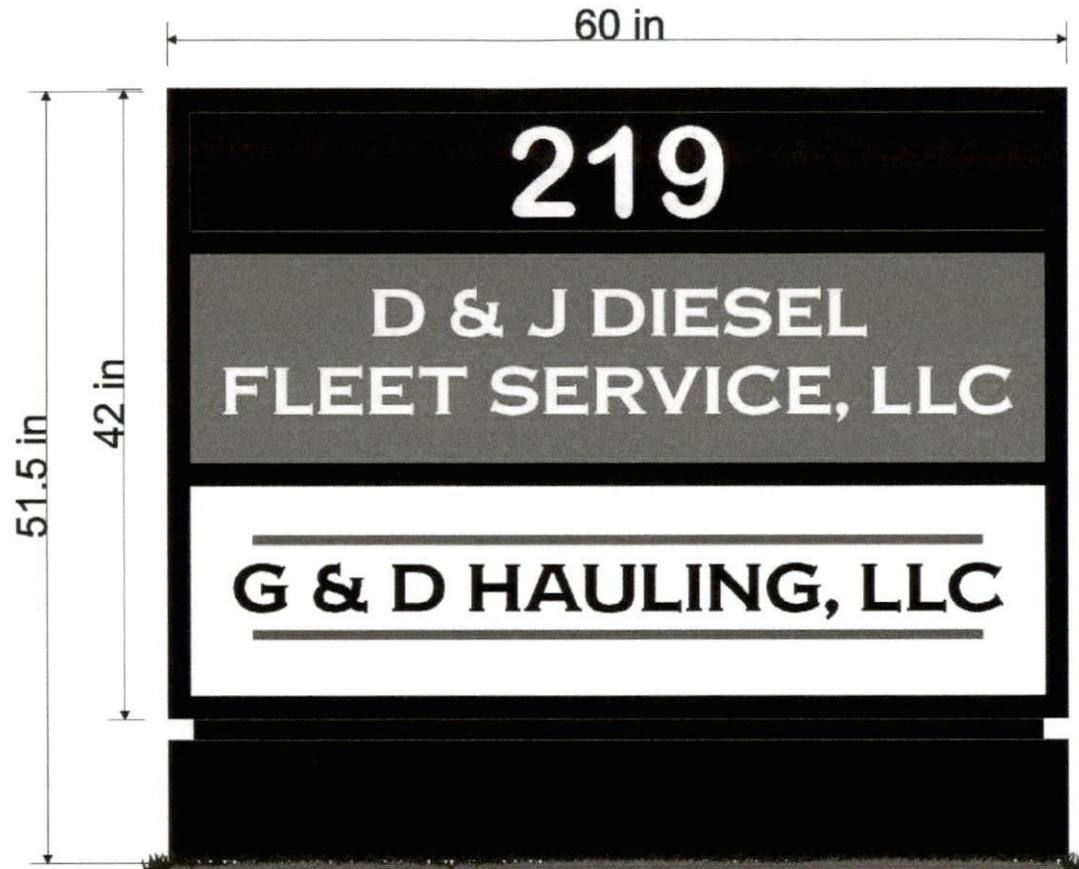
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES  NO Does the site contain any Jurisdictional Wetlands?
- YES  NO Do you plan to have an irrigation system now or in the future?
- YES  NO Does or will the building contain any drains? Please explain. \_\_\_\_\_
- YES  NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES  NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES  NO Is the site subject to approval by any other Public Agency?
- YES  NO Are there any Easements or Right of Ways on this property?
- YES  NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

SINGLE SIDED, INTERNALLY  
LIGHTED CABINET WITH  
ACRYLIC FACES AND VINYL  
GRAPHICS.



Carolina Sign & Service  
PO Box 127  
Angier, NC 27501  
Office: 919-639-3475  
Fax: 919-639-3035

Please review this proof carefully. Carolina Sign & Service will fabricate the product exactly as the proof shows and is not responsible for errors in spelling, grammar or punctuation not caught previously by customer. By signing you agree all grammatical instances are correct.

Note: Due to difference in font styles, certain letter sizes may vary accordingly.

Customer Approval: \_\_\_\_\_ Landlord Approval: \_\_\_\_\_

This is an original unpublished drawing created by Carolina Sign & Service. It is submitted for your personal use in connection with a project being planned for you by Carolina Sign & Service. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied or exhibited in any fashion

TO SCALE



Carolina Sign & Service  
PO Box 127  
Angier, NC 27501  
Office: 919-639-3475  
Fax: 919-639-3035

Please review this proof carefully. Carolina Sign & Service will fabricate the product exactly as the proof shows and is not responsible for errors in spelling, grammar or punctuation not caught previously by customer. By signing you agree all grammatical instances are correct.

Note: Due to difference in font styles, certain letter sizes may vary accordingly.

Customer Approval: \_\_\_\_\_ Landlord Approval: \_\_\_\_\_

This is an original unpublished drawing created by Carolina Sign & Service. It is submitted for your personal use in connection with a project being planned for you by Carolina Sign & Service. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied or exhibited in any fashion

---

**Full Name:** Cecil McNeill  
**Last Name:** McNeill  
**First Name:** Cecil  
**Job Title:** Electrical Manager  
**Company:** Strategic Connections

**Business Address:** 5000 Departure Drive  
Raleigh, NC 27616

**Business:** (919) 256-4409  
**Mobile:** (919) 332-4143

**Email:** cecil.mcneill@strategicmail.net  
**Email Display As:** Cecil McNeill (cecil.mcneill@strategicmail.net)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Strategic Connections, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>5</u>  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>3000 Spring Forest Rd.</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Raleigh, NC 27616</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
		-		-					
<b>OR</b>									
<b>Employer identification number</b>									
5	6	-	2	1	0	0	4	8	0

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>1/3/2019</u>
------------------	----------------------------	------------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

LICENSE NUMBER

U.19372

STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

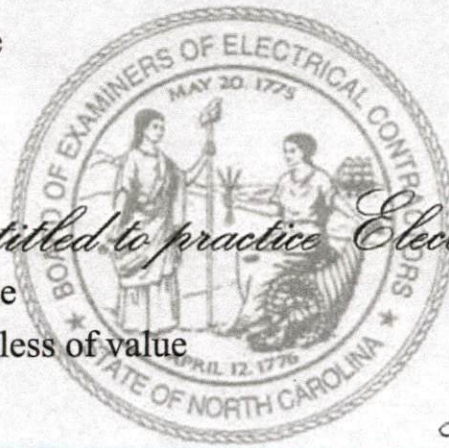
EXPIRATION DATE

09/30/2019

**THIS IS TO CERTIFY THAT:**

Strategic Connections Inc.

Robert Rudolph Izydore



*is duly registered and entitled to practice Electrical Contracting in the*  
Unlimited Classification License  
Limitation: Any project regardless of value

Strategic Connections Inc.

2721 Spring Forest Rd  
Raleigh, NC 27616

*Witness our hands and seal of the Board*

*Hand & Seal*

*Jim Norman*

*Chairman*

*Secretary - Treasurer*



Phone: (919) 639-3475

Fax: (919) 639-3035

P.O. Box 127

Email: accounts@carolinasignandservice.com

Angier, NC 27501

OVER 30 YEARS EXPERIENCE IN MANUFACTURING AND SERVICE
www.carolinasignandservice.com

PROPOSAL/CONTRACT

Date: 9/17/19

Customer: GINA PROULX

Business Name: D & J FLEET SERVICE

Phone: 919-567-1807

Address: 409 COMMUNITY DRIVE, FUQUAY VARINA, NC 27526 (GAP PROPERTIES, LLC)

Email: GINA.GDHAULING@GMAIL.COM

Furnish all labor and materials to fabricate & install.... ONE SINGLE SIDED, INTERNALLY ILLUMINATED CABINET WITH ACRYLIC FACES AND VINYL GRAPHICS AS DISPLAYED IN PROOF.

TOTAL ESTIMATED COST OF SIGN & INSTALLATION

Table with 2 columns: Description and Cost. Includes items like 'Set...as described above' and 'PERMIT PROCUREMENT'.

7% Sales Tax and Permit Fees at Cost Will Be Added To The Final Invoice Upon Completion.

Customer is responsible for securing electrician to run a designated sign circuit from the panel box and have a timer control installed so the sign does not burn constantly, if not done the warranty is void.

We look forward to being of service to you. THANK YOU!

\*\*All Prices Are Good For 30 Days\*\*

Terms: 50% Deposit, NET BALANCE DUE Upon Completion. Visa & MasterCard Accepted
Signs are guaranteed for two years against all defects or inferior workmanship.

CONDITIONS OF ACCEPTANCE OF THIS CONTRACT

Customer agrees that this order is not cancelable because it is specifically made to his/her personal selection of wording and color scheme, and is useless to anyone else. I (or us), the purchaser of this sign have read all the above descriptions and conditions of this sale and fully understand them. In consideration I (or we) agree to pay Carolina Sign & Service, LLC upon completion of work the total amount due. Title to this sign shall remain vested in Carolina Signs and shall not pass to the buyer until the complete purchase price has been paid in full & received. Carolina Signs shall have authority to retake, sell or dispose of all or any part of the sign. A finance charge of 1.5% per month or 18% per annum will be added to the account if not paid as agreed.

Approved: Carolina Sign & Service

By: Marty Pleasant

Customer Signature: [Handwritten Signature]

\*\*Please sign and return one copy with deposit. Thank you\*\*

PO Box 127, Angier, NC 27501

919.639.3475 Office 919.639.3035 Fax