



Initial Application Date: 9.20.19

Application # Sign1904.0004
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: Buffalo Lakes Development LLC Mailing Address: P.O. Box 766

City: Spring Lake State: NC Zip: 28390 Contact # _____ Email: _____

APPLICANT: Sign + Awning Systems, Inc Mailing Address: 2785 us Hwy 301 N.

City: Dunn State: NC Zip: 28334 Contact # 9108925900 Email: signs@signandawning.net

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Rachel Taylor / Jason Honeycutt Phone # 910-892-5900

Address: 29 Amarillo Lane PIN: 9575-95-7930.000

Zoning: Commercial Watershed: _____ Flood: _____ Deed Book Page: 1

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 14" x 14v.7) Use: ID wall sign (14.26 sqft.) Wizard of Pawz

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) N/A

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.

Rachel Taylor for SAS
Signature of Owner or Owner's Agent

9.5.19
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.*****



*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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Buffalo Lakes Development LLC (Wizzard of Pawz) Date: 9-5-19

Site Address: 29 Amarillo Lane Sanford, NC Phone: _____

Description of Proposed Work: Wizzard of Pawz channel letter wall sign

General Contractor Information: Building Cost \$ 2,600.00

Sign & Awning Systems, Inc. 910-892-5900

Building Contractor's Company Name Telephone

2785 US Hwy 301 N. Dunn, NC 28334 signs@signandawning.net

Address _____ Email Address

Jason M. Harty

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

Electrical Contractor Information: Electrical Cost \$ 200.00

Description of Work channel letter wall sign Service Size: 4 Amps #T-Poles _____

Sign & Awning Systems, Inc. 910-892-5900

Electrical Contractor's Company Name Telephone

2785 US Hwy 301 N. Dunn, NC 28334 signs@signandawning.net

Address _____ Email Address

Jason M. Harty

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

Address

Signature of Officer(s) of Corporation

Telephone

Email Address

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Address

Signature of Officer(s) of Corporation

Telephone

Email Address

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.

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

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.

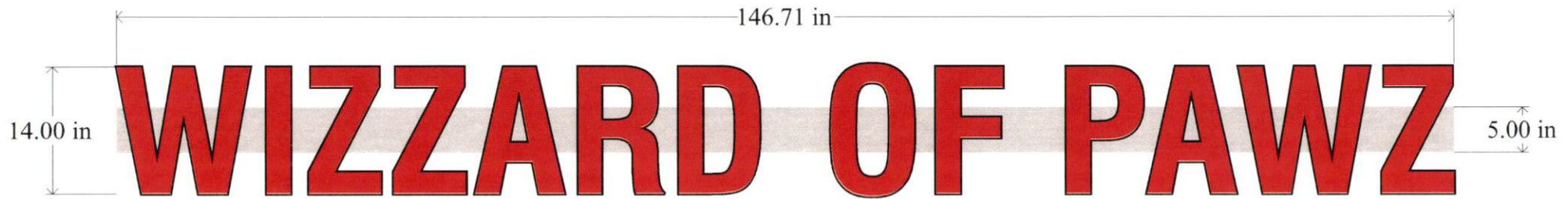
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

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.

Sign w/Title: Jason M. Haywood

Date: 9-5-19



WIZZARD OF PAWZ

14" Channel Letters

SIGN & AWNING SYSTEMS, INC.

2785 US Hwy 301 N. Dunn NC 28334
PH 910.892.5900 FX 910.892.2140

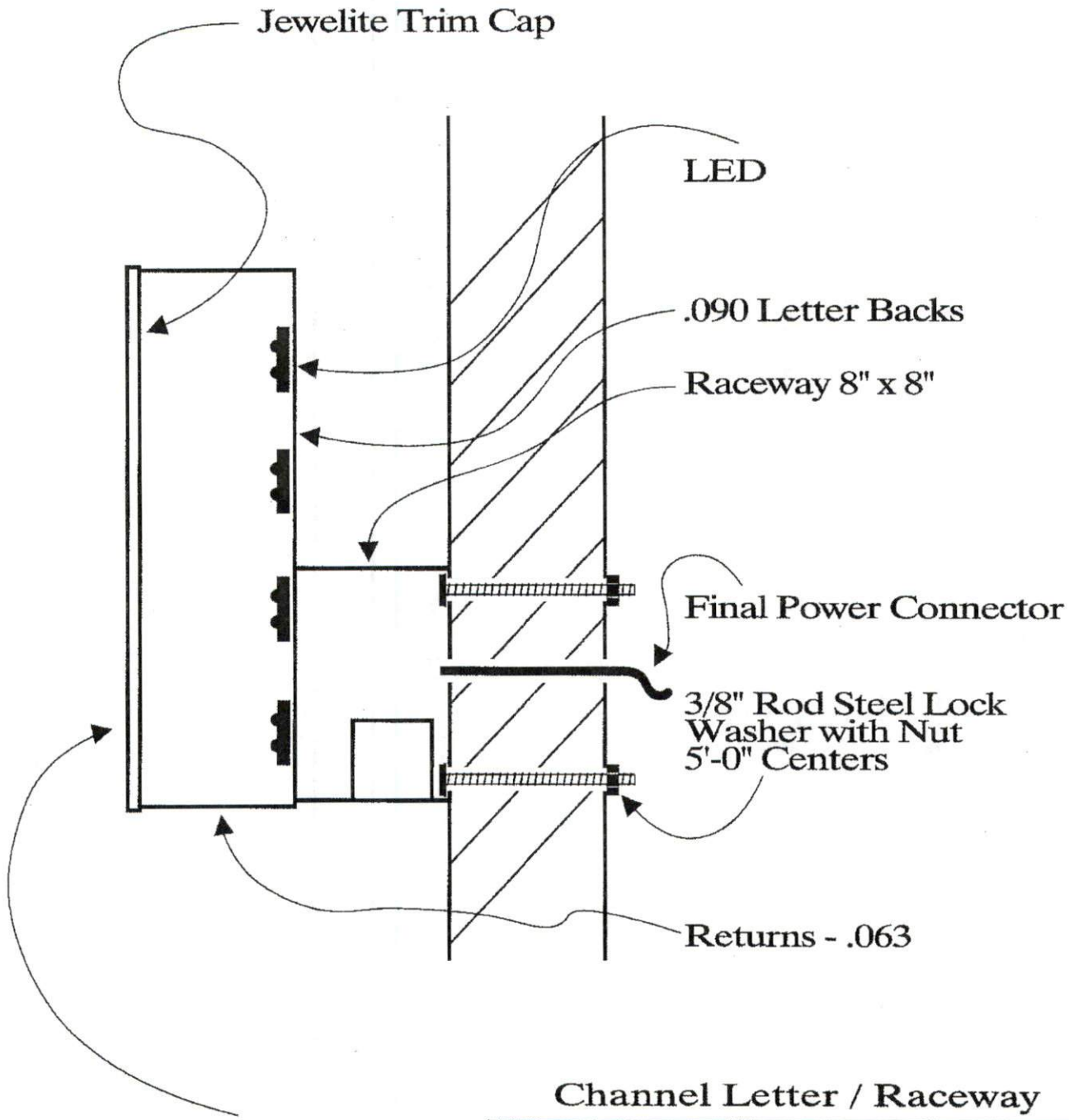


WIZZARD OF PAWZ

Weichert
Realtors
On-Site Associates

SALLO

← 15'10" →
Bldg



3/16" Plex Face

Channel Letter / Raceway

SPECIFICATIONS

Letters, returns & cabinets manufactured to requirements and standards of the UNDERWRITERS LABORATORIES, INC.

SIGN & AWNING SYSTEMS, INC.

2785 US Hwy 301 N - Dunn NC 28334
 PH 910.892.5900 FX 910.892.2140