

*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

T 9 1 Conta LLC	
Owner's Name: T & L Coats LLC	Date:
Site Address: 310 N. Orange St. Coats, NC	Phone:
Description of Proposed Work: Install channel letter signage on building	g front
General Contractor Information: Building Cost \$	5,000 =
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 In Italian III	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost Specification of Work Tostal Vincokup Signary Service Size:	300.00
Wester + Paca Electric The	
	9/9 499 3946 Telephone
Electrical Contractor's Company Name 61446511e Rd. Sankard M22332	i diepriorie
, idaneses	Email Address
welle But the	12007-LL
Signature of Owner/Contractor/Officer(s) (Corporation	License #
Mechanical Contractor Information: Mechanical Co	st \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone .
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
and the state of	
Address	Email Address
5 STOCK STOCKS	· ·
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	g o
	· ·
Insulation Contractor's Company Name & Address	Telephone

MOTE: General Contractor must fill out and sign the second page of this application

strong roots • new growth



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 #
<u>Driveway Access</u> - NC Department of Transportation Driveway Ac	cess/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	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' them.	compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	f 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 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: farm in Jone W	Date: 11-13-2020



SIGN PERMIT APPLICATION

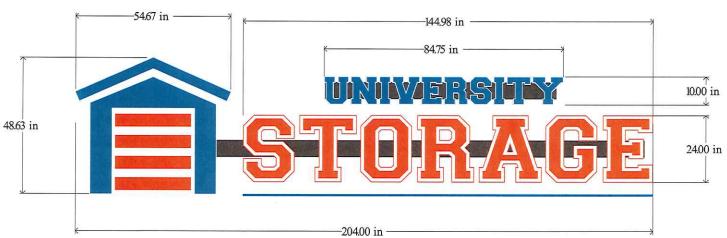
VALID FOR 12 MONTHS

Each Sign Permit Application Must Be Accompanied By The Following:

- Application fee and scaled drawing of sign with all dimensions, including height, drawn from ground level to top of sign. Also detail the method of sign support and attachment, and the type of materials to be used.
- 2. Scale plot plan detailing all setbacks of all ground signs, including the distances from all street right-of-ways.
- 3. Scale drawing of all fascia signs detailing the proposed location and the relationship to roof lines and overhangs.

Application/Business Name: University Storage		
Business Address: 310 N. Orange St.		
Contact Person: Lee Smith Phone: 919-291-6448		
Sign Contractor Name: Sign & Awning Systems, Inc		
Sign Contractor Address: 2785 (LS Hwy 301 N. Dunn, NC. 28334		
Contact Person: Rachel Taylor Jason Honeycuzz Phone: 910 392-5900		
Sign Information		
Type (Check all that apply) [, Permanent [/] Wall [/] Single-Faced [/] Illiuminated		
[] Temporary [] Ground [] Double-Faced [] Non-Illuminated		
<u>Dimensions</u>		
Width of Building facing street: 60° Feet Distance between sign and road ROW:		
Sign Face: Width 204" Feet/Inches X Height 48.63" Feet/Inches = 68.89 Total Square Feet Area		
Ground Sign: What is the height of the sign including the poles? Feet/Inches. (Footing inspection required)		
Wall Sign: What is the height from the ground to the base of the sign? 10 Feet/Inches		
Illumination: (yes or no) (If yes an electrical permit is required.) Existing Signage on Site:Sq. Ft.		
I herby certify that all of the information, and all included materials, is correct to the best of my knowledge, and that the installation of the above referenced signage will conform to all applicable Town of Coats Codes of Ordinances.		
Applicant Signature: Rache Jaylor for SAS Date: 11-2-2020		
Office Use Only		
LF Building/Lot Frontage X:2 = Sq. Ft. Available Zoning District: Sq. Ft. Available Zon		
Existing Signage on Site: N/A Sq. Ft. Proposed Signage: 56 Sq. Ft.		
[] Approved [] Denied		
Zoning Administrator Signature: 1/10/k //o/cu// Date: 1/2/2020		
Post Office 8ox 675 • Coats, North Carolina 27521 (910) 897-5183 voice • (910) 897-2662 fax APPROVED		
TOWN OF COATS ZONING		



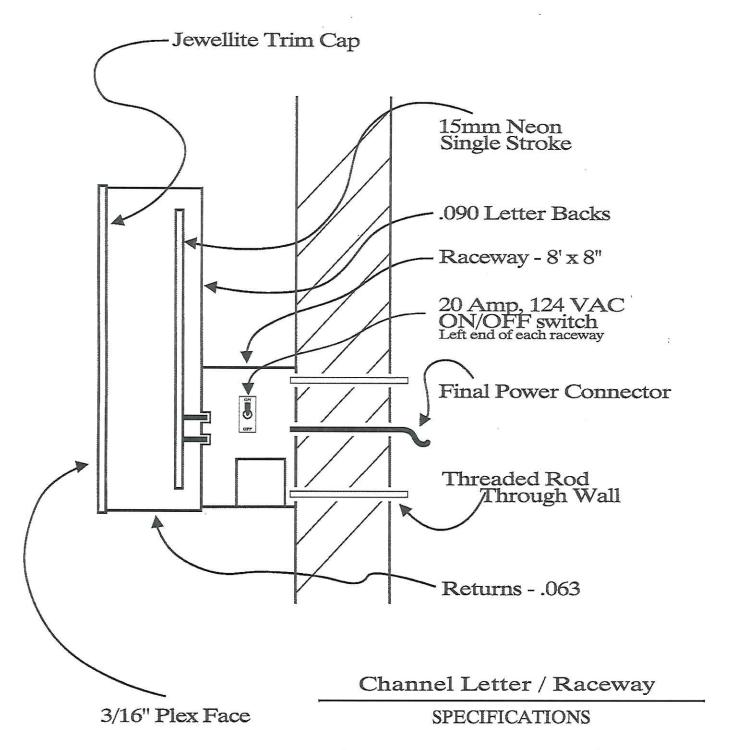


UNIVERSITY STORAGE

Channel Letters

SIGN & AWNING SYSTEMS, INC.

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



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