



Initial Application Date: 12-8-20

Application # Sign 2012-0003  
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: Venture Properties Mailing Address: PO Box 843

City: Wilkesboro State: NC Zip: 28691 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

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

City: Dunn State: NC Zip: 28334 Contact # 910-892-5900 Email: rtaylor@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: 1619 Buffalo Lake Rd. Suite A PIN: 95816-78-3233.000

Zoning: \_\_\_\_\_ Watershed: \_\_\_\_\_ Flood: \_\_\_\_\_ Deed Book Page: 2890 10817

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 134" x 63") Use: 58.625 sqft wall sign - front

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.

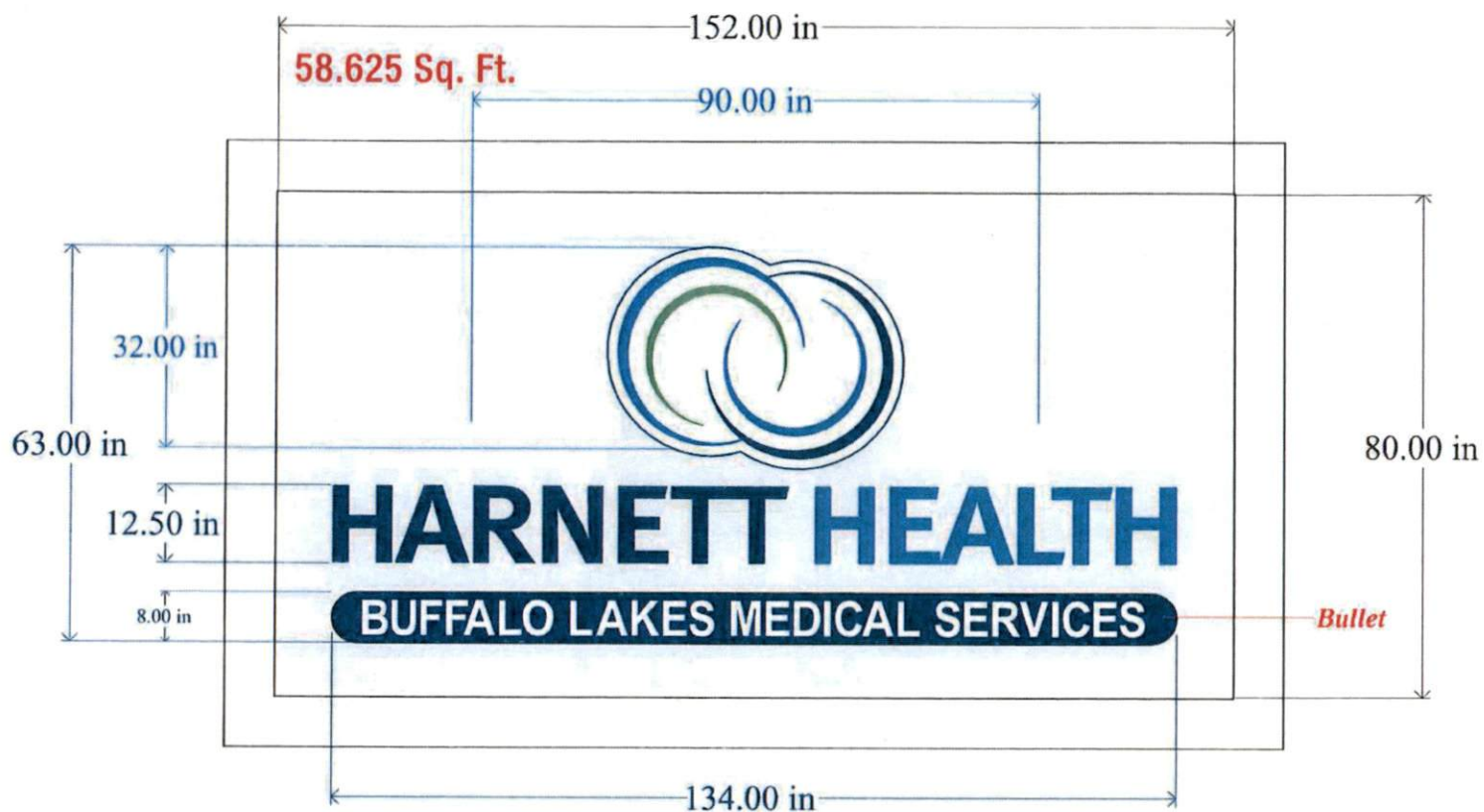
Rachel Taylor for Sign + Awning Sys  
Signature of Owner or Owner's Agent

12-2-20  
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.\*\*\*



**HARNETT HEALTH**  
12.5" Channel Letters / 32" Logo / 6" PVC Letters (1 Set Front / 1 Set Rear)

2785 US Hwy 301 N, Dunn, NC 28334  
Ph: 910-892-5900 • Fax: 910-892-2140 • www.SignandAwning.com

**NOTE:** These designs are property of Sign & Awning Systems, Inc. and can not be reproduced without permission. All artwork must be approved by the customer before we move forward with the order. It is the customer's responsibility to ensure that the proof is correct in all areas. Please be sure to double-check Spelling, Grammar, Layout, and Design Content. If the proof containing errors is approved, the customer is liable for all costs, including corrections and reprints. Proofs may not represent exact colors. All colors displayed may look different in person than on your computer screen due to the individual monitor or screen color settings.

C1

# STREET FACING ELEVATION

SCALE: 3/16" = 1'-0"

WALL LADDER/CAGED  
1 & PARAPET REFURN



SCUPPER HOLE IN WALL  
ABOVE ROOF LINE (CITY 5)

ROOF LINE

**HARNETT HEALTH**  
BUFFALO LAKES MEDICAL SERVICES

FINNER ROD METAL FINISH  
OPTIONAL BY TENANT

EMERGENCY LIGHT W/  
BATTERY BACK-UP, TYP.

9'-0" CLR

DOWN SPOUT

EPS (COLOR T.B.D.)

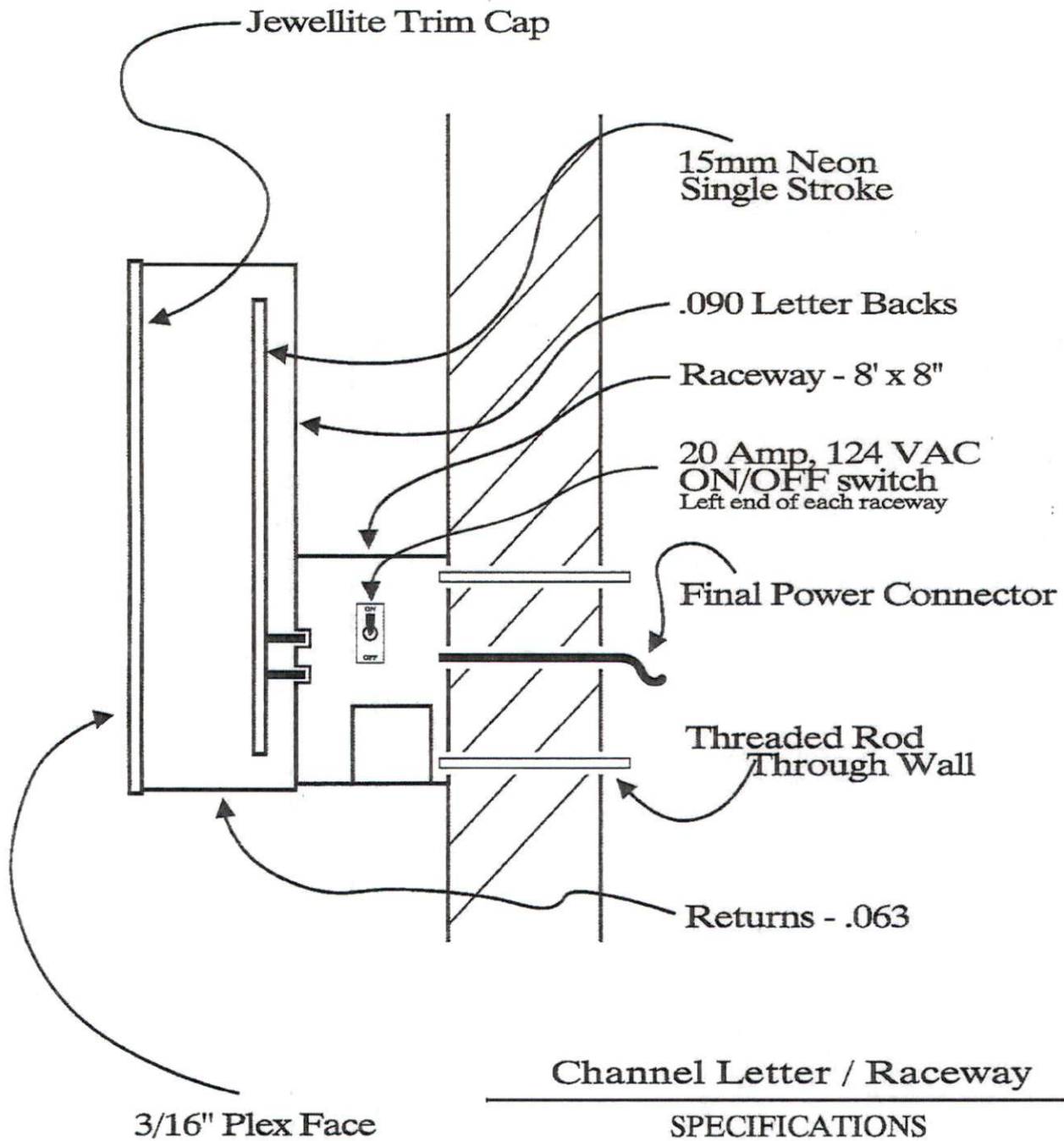
DOWN SPOUT

C.L. - CONT. FROM TOP OF  
FIG TO TOP OF PARAPET

C







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



\*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: Harnett Health Buffalo Lakes Medical Services Date: \_\_\_\_\_

Site Address: 1619 Buffalo Lake Rd Suite A Phone: \_\_\_\_\_

Description of Proposed Work: Install 2 Wall Signs

**General Contractor Information:** Building Cost \$ 7,000.00

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

Building Contractor's Company Name Telephone

2785 US Hwy 301 N. Dunn, NC 28334 910-892-5900

Address Email Address

Jason M. Harnett signs@signandawning.net

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

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work sign circuit and connection Service Size: 120V/20A Amps #T-Poles \_\_\_\_\_

Rowe Electric 910.584.7770

Electrical Contractor's Company Name Telephone

1457 Hayes Rd Spring Lake NC 28390 chris.roweelect@yahoo.com

Address Email Address

Christopher B Rowe 07510-U

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 \_\_\_\_\_

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 # \_\_\_\_\_

**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 Jason M. Harty

Date 12-2-20

**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. Harty

Date: 12-2-20