

Initial Application Date: 12	///2020	Applic	cation #
			# CU #
		COMMERCIAL	
Central Permitting (Physical) 108		HARNETT LAND USE APPLICATION ox 65 Lillington NC 27546 Phone: (910) 893-7525	opt # 2 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Orchard C	rest Homeowners Association	Mailing Address: _44 Orchard Cre	est Circle
City: Sanford	State: NC Zip: 27332	Contact # Kathryn White Eagle	Email: kwhiteeagle@windstream.net
APPLICANT*: Capital Sig	n Solutions	Mailing Address:5800 McHines	Place
City: Raleigh	State: NC Zip: 27616	_ Contact # (919) 306-3802	Email: _brandon@capitalsignsolutions.com
CONTACT NAME APPLY	NG IN OFFICE: Brandon Mangum	Ph	one #_(919) 306-3802
Address: 44 Orchard Cr	est Circle-Sanford, NC 27332	PIN:9586-69-7172.000	
Zoning: RA-20R Water	shed: No Flood: Minimal D	eed Book Page: 1570 / 0113	
Setbacks - Front:	Back: Side:	Corner:	
PROPOSED USE:			
	No. Units: No. Bedro	poms/Unit:	
☐ Business Sq. Ft.	Retail Space:Type:	# Employees: _	Hours of Operation:
☐ Daycare # Pres	choolors: # Afterschoole	e: #Employoos:	Hours of Operation:
■ Daycale #Fles	# Alterschooler	s# Liliployees	Tiours of Operation.
☐ Industry Sq. Ft:	Type:	# Employees:	Hours of Operation:
☐ Church Seatin	g Capacity:	# Bathrooms: Kitche	on.
a Charch Seath	g Capacity.	# DatilloonsNiche	лі. <u>————</u>
☐ Accessory/Addition/O	ther (Sizex) Use:		
Water Supply: Cour	nty Existing Well New We	I (# of dwellings using well) Complete New Well Application at the	*Must have operable water before final
	v Septic Tank Expansion Reloc Environmental Health Checklist on other s	cationExisting Septic Tank0	County Sewer
			ent monument sign as per attached submittal
package.			
			such work and the specifications of plans submitt
I nereby state that foregoin	q statements are accurate and correct to t cuSigned by:	ne pest of my knowledge. Permit subje	ect to revocation if false information is provided.
Bro	undon Mangum	12/7/	/2020
002	95906F12D4AD Signature of Owner or Owner's A	gent	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 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

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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"

<u>SEPTIC</u>			
If applying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Accepted	{} Innovative {} Conventional {} Any		
{}} Alternative	{}} Other		
	Ty the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{}}YES	Does the site contain any Jurisdictional Wetlands?		
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	Does or will the building contain any drains? Please explain.		
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	Is the site subject to approval by any other Public Agency?		
{}}YES	Are there any Easements or Right of Ways on this property?		
{}}YES	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.





*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

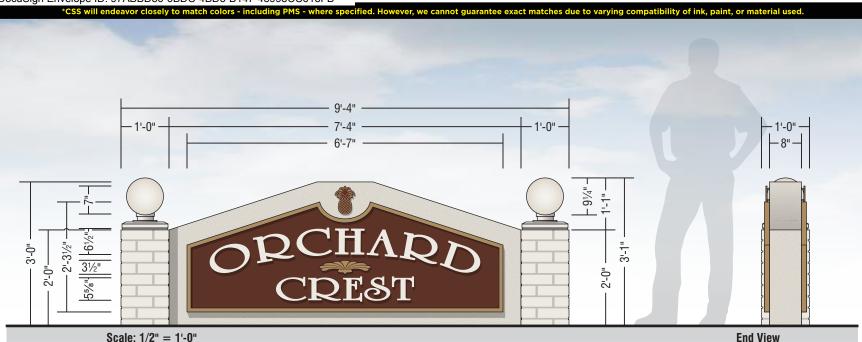
Owner's Name: Orchard Crest Homeowners Association (Contact: Kath	ryn White Eagle) Date: 12/5/2020
Site Address: 44 Orchard Crest Circle-Sanford, NC 27332	Phone: (919) 451-0168
Description of Proposed Work: One (1) 3'-0" h x 9'-4" w replacement d/f	non-lighted development monument
General Contractor Information: Building Cost \$ 1	
Capital Sign Solutions (Contact: Brandon Mangum)	(919) 306-3802
Building Contractor's Company Name	Telephone
5800 McHines Place, Suite 110-Raleigh, NC 27616	brandon@capitalsignsolutions.com
Address DocuSigned by:	Email Address
Brandon Mangum	Not Applicable-Sign Contractor
Signature of Ownler/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost \$	Not Applicable
Description of Work Not Applicable Service Size: N/A	
Not Applicable	Not Applicable
Electrical Contractor's Company Name	Telephone
Not Applicable Address	Not Applicable Email Address
Address	
C:	Not Applicable
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost	License #
	# 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
<u></u>	
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 Fire Alarm Contractor Information	License #		
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 A			
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 sharged bat full price per current fee schedule.	0.00. Aitel 2 years re-issue ree		
Brandon Mangum Agent 12/5/2020			
Signature อิศาขนาย / Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensation I The undersigned applicant being the:	N.C.G.S. 87-14		
	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: Brandon Mangum Agent	Date: 12/5/2020		

00295906F12D4AD...



(1) D/F Non-lighted Monument Sign constructed of Aluminum with Brick Veneer. Main Body Background constructed Aluminum with Texcote finish. Columns of Aluminum with Brick Veneer. Decorative Spheres and Accents on Column of Aluminum. Sign Panels constructed of Aluminum (3/4" deep) with 1" face x 1/2" deep Raised Border. "Orchard Crest" Text and Symbol of .250 Plate Aluminum installed with 1/2" spacers. Pineapple Logo of .250 Plate Aluminum installed to Main Body Background with 1/2" spacers.

D/F Monument Sign installed onto Existing Leveling Pad with median via noncorrosive fasteners.

Columns with Brick Veneer: painted to match SW 6105 Divine White (satin finish) Column Decorative Accents & Spheres: painted to match SW 6105 Divine White (satin finish) Main Body Background: painted to match SW 6105 Divine White (Texcote finish) Sign Panels Raised Border: painted MP26048 Golden Shadow Metallic (gloss finish) Sign Panels Background: painted to match MP15967 Colonial Red (satin finish) "Orchard Crest" Letters: painted to match SW 6105 Divine White (satin finish) Pineapple & Palm Leaf Logos: painted to match MP15967 Colonial Red (satin) & MP26048 Golden Shadow Metallic (gloss)



CAPITAL SIGN SOLUTIONS

5800 McHines Place, Suite 110 Raleigh, NC 27616

919.789.1452

www.capitalsignsolutions.com

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Client:



Filename:

Orchard Crest Monument Sign v2

Date:

(Column Removed)

06-25-20

Designer:

Drawing No:

H-QT14415-1

Scale:

As Noted

Revision 1:

09/21/20

Revision 2:

Revision 3:

Revision 4:

Revision 5:

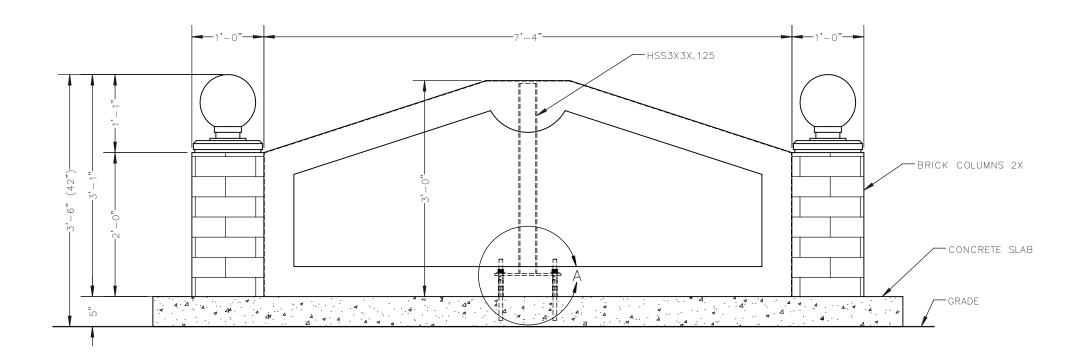
Revision 6:

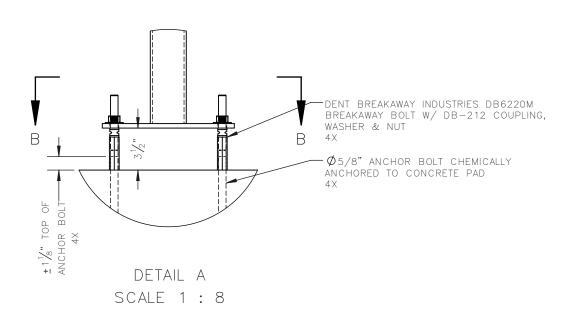
By signing below, I confirm I have reviewed this proof carefully (INCLUDING ALL NOTES) found it to be correct, & approve this project.

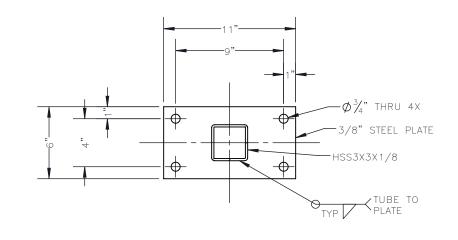
Customer Signature

DocuSign Envelope ID: 97ABBD86-6BDC-4BD5-B147-48998CC618FB

REV.	DESCRIPTION	DATE	BY
А	INITIAL RELEASE	9/11/20	GM
В	UPDATED TO MATCH ENGINEERING	9/21/2020	GM







SECTION B-B
PLATE DETAIL
SCALE 1:8



5800 MCHINES PLACE, SUITE 110, RALEIGH, NC 27616

CLIENI

ORCHARD CREST

PROJECT

44 ORCHARD CIRCLE, SANFORD, NC

TITLE

ENGINEERING DETAIL

DRAWN BY

GM

JOB NUMBER REV ORCHARD CREST-MON B
SCALE SHEET
1:16 1 OF 1

MATCHES NEVILLE ENGINEERING SEALED DRAWING DATED 9/15/20

NEVILLE ENGINEERING

Consulting Engineer
213 RIVER BIRCH LN
CHAPEL HILL, NORTH CARCLINA 27514
(919) 942-5229 Cell: (919) 740-3427
neveng@aol.com

101 Orchand Cres	s+
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CALCULATED BY	DATE 15 Sept 20
CHECKED BY	DATE

, neveng@aor.com	SCALE
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neveng@aol.com

in Crelian	1 Cont Sign
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CHECKED ON	DN 3 47000

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