



Initial Application Date: _____

Application # _____

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: IGM Holdings LLC Mailing Address: 210 W. Home St, Clayton, NC 27520

City: Clayton State: NC Zip: 27520 Contact # 919.995.5262 Email: donnie@igmtops.com

APPLICANT*: Jim Tant / Aaron's Quality Signs Mailing Address: P.O. Box 1303

City: Matthews State: NC Zip: 28105 Contact # 704.651.9449 Email: sales@aqsigns.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

Address: _____ PIN: _____

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: _____ / _____

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 91 x 140) Use: ROADSIDE MONUMENT 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.

James M. Tant AGENT
Signature of Owner or Owner's Agent

15 AUG 2021
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: Donnie IGM Holdings, LLC Date: 15 Aug 2021

Site Address: 2987 US-301 Dunn, NC Phone: _____

Description of Proposed Work: ROADSIDE MONUMENT SIGN

General Contractor Information: Building Cost \$ 2,200.00

Building Contractor's Company Name: Aaron's Quality Signs Telephone: 704.651.9449

Address: 524 E. Charles St, Matthews, NC 28105 Email Address: sales@AQSIGNS.COM

Signature of Owner/Contractor/Officer(s) of Corporation: James M. Dent VP, Aaron's Inc. License #: 8102129 517189

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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 <i>N/A</i> | Email Address |
| Signature of Officer(s) of Corporation | License # |

Fire Alarm Contractor Information

| | |
|--|---------------|
| Fire Alarm Contractor's Company Name | Telephone |
| Address <i>N/A</i> | 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 <i>James M. Hunt VP Aaron's Inc.</i> | Date <i>15 AUG 2021</i> |
|--|-------------------------|

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.

JM 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: <i>James M. Hunt</i> AARON'S INC <i>dba Aaron's Quality Signs</i> | Date: <i>15 AUG 2021</i> |
|--|--------------------------|