	Applic	cation #
ch section below must be filled out by ever is performing the work. Must be owner licensed contractor. Address, company e & phone must match information on state nse. 910-8	Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 93-7525 ext. 1 Fax 910-893-2793 www.hame <u>COMMERCIAL</u>	
qqA	lication for Building and Trades P	<u>ermit</u>
Annual Name Midgard Self Sto	rage Spring Lake NC LLC	Date: June 24, 2022
Site Address: 14396 NC 210 S, S	Spring Lake NC 28390	Phone: 910-496-1894
Site Address: 14390 NC 210 5, C	A 4000 NO 240 C. Spring Lake	
Directions to job site from Lillington:	14396 NC 210 5, Spring Lake	, NC 20390
Subdivision:		Lot:
Description of Proposed Work:	and Monument Sign Faces Instore Self Storag	Lot: ge Sign on Front Wall of Office Midgard Storage
Heated SF Unheat	ited SF	3 000
General Contra	actor Information: Building Cost \$ _{	040 017 7127
Elite Custom Signs, Inc.		919-917-7127
Building Contractor's Company Nam		
5605 Chapel Hill Road, Suite	104, Raleigh, NC 27607	tom@elitecustomsigns.com
Address JAM	RID	Email Address
Tom Cohorst UN	ALL	N/A
Signature of Owner/Contractor/Offic	er(s) of Corporation	
Electrical Cont Description of Work Sign Circuit for Office	ractor Information: Electrical Cost S	20 Amps #T-Poles 0
		919-522-3648
Carl West Electric		Telephone
Electrical Contractor's Company Na		carlwest009@gmail.com
8903 Camden Park Drive, Ra	leign, NC 27013	Email Address
Address		32121-L
Signature of Owner/Contractor/Offic	er(s) of Corporation htractor Information: Mechanical Co	License # ost \$ 0
		And the second
Mechanical Contractor's Company I	Name	Telephone
Address		Email Address
Signature of Owner/Contractor/Offic Plumbing Cont	er(s) of Corporation tractor Information: Plumbing Cost	License # \$_0
Description of Work		# Baths
Plumbing Contractor's Company Na	ame	Telephone
Address		Email Address
Signature of Owner/Contractor/Offic	cer(s) of Corporation	License #
	Insulation Contractor Information	
Insulation Contractor's Company N	ame & Address	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application

	Telephone
Sprinkler Contractor's Company Name	relephone
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor	License #
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?YesNo
contractors is correct as known to me and if <u>any</u> changes on number of bedrooms, building and trade plans, Environment changes, I certify it is my responsibility to notify the Harnett any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.	al Health permit changes or proposed use County Central Permitting Department of
•	Date
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Competition	nsation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Competent The undersigned applicant being the:	nsation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Competence The undersigned applicant being the:  X General Contractor Owner Of Do hereby confirm under penalties of perjury that the person	nsation N.C.G.S. 87-14 ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the
Signature of Owner/Contractor/Officer(s) of Corporation         Affidavit for Worker's Competition         The undersigned applicant being the:         X       General Contractor       Owner       Officer(s)         Do hereby confirm under penalties of perjury that the person set forth in the permit:	nsation N.C.G.S. 87-14 ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the rorkers' compensation insurance to cover th
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Competent The undersigned applicant being the:  X General Contractor Owner Of Do hereby confirm under penalties of perjury that the person set forth in the permit:  V Has three (3) or more employees and has obtained w Has one (1) or more subcontractors(s) and has obtained	nsation N.C.G.S. 87-14 ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the rorkers' compensation insurance to cover the ned workers' compensation insurance to co
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compet The undersigned applicant being the:  X General Contractor Owner Of Do hereby confirm under penalties of perjury that the person set forth in the permit:  V Has three (3) or more employees and has obtained w Has one (1) or more subcontractors(s) and has obtain	ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the rorkers' compensation insurance to cover the ned workers' compensation insurance to cover to own policy of workers' compensation insura
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compet The undersigned applicant being the:  X General Contractor Owner Of Do hereby confirm under penalties of perjury that the person set forth in the permit:  V Has three (3) or more employees and has obtained w  Has one (1) or more subcontractors(s) and has obtain them.  V Has one (1) or more subcontractors(s) who has their covering themselves.	nsation N.C.G.S. 87-14 ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the rorkers' compensation insurance to cover the ned workers' compensation insurance to co own policy of workers' compensation insurance ractors. t is understood that the Central Permitting verage of worker's compensation insurance
Signature of Owner/Contractor/Officer(s) of Corporation         Affidavit for Worker's Competent The undersigned applicant being the:         X       General Contractor       Owner       Official Contractor         Do hereby confirm under penalties of perjury that the person set forth in the permit:       ✓       Has three (3) or more employees and has obtained w         Image: Has one (1) or more subcontractors(s) and has obtain them.       ✓       Has one (1) or more subcontractors(s) who has their covering themselves.         Image: Has no more than two (2) employees and no subcont       While working on the project for which this permit is sought in Department issuing the permit may require certificates of corto issuance of the permit and at any time during the permittee	nsation N.C.G.S. 87-14 ficer/Agent of the Contractor or Owner (s), firm(s) or corporation(s) performing the rorkers' compensation insurance to cover the ned workers' compensation insurance to co own policy of workers' compensation insurance ractors. t is understood that the Central Permitting verage of worker's compensation insurance



## FABRICATION APPROVAL FORM

CUSTOMER: RELIANT PHONE NUMBER: 407-739-8652 PROJECT: SPRING LAKE, NC SALESPERSON: DON DESIGNER: JO

LED LAYOUT REQ.	Y / 🗙	N / 🗆
UL CERTIFICATION	Y /X	N / 🗆
CRATE	Y / 🗶	N / 🗆

SIGN TYPE : Front Lit Channels

DIMENSIONS : See Drawing

#### COLORS:

CABINET: N/A TRIM CAP: Midnight Blue RETURNS: White RACEWAY COLOR: SW 6621 BACKER COLOR: N/A POLE COLOR: N/A NOTES:

FACES: Acrylic with Lime Green Translucent Applied

LAMINATE: Gloss

ILLUMINATION TYPE: LED LED COLORS: White

MOUNTING METHOD: Raceway

ADDITIONAL NOTES:

DOOR VINYL AS SHOWN 910-496-1894

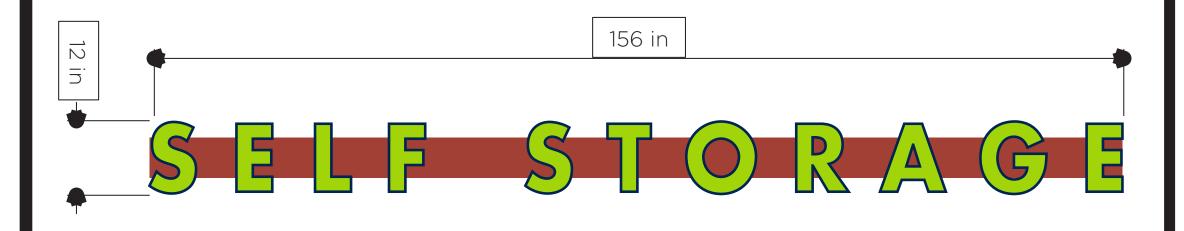
CONTACT NAME: JAMIE BROOKS

ADDRESS: 14396 NC-210 S SPRING LAKE, NC 28390

X Install □ P/U □ Ship □ Del. □ OS

# Date: 6/22/2022 Revision: 1



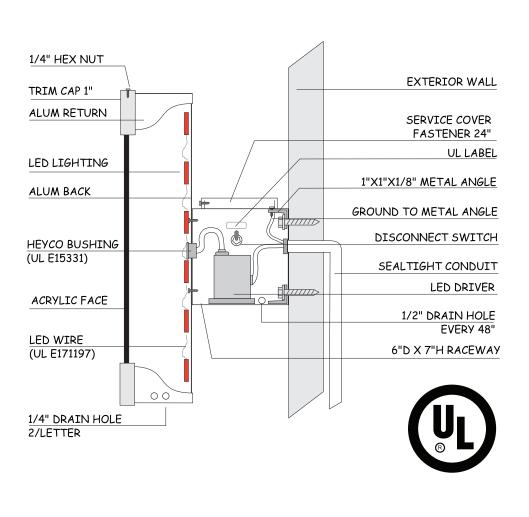


## FILE PATH: P:\R\Reliant\Midgard\Spring Lake, NC

PLEASE READ PROOF CAREFULLY. ONCE APPROVED, PINNACLE CUSTOM SIGNS WILL NOT BE FINANCIALLY RESPONSIBLE FOR MISSPELLINGS OR INCORRECT LAYOUTS. Disclaimer: Due to factory color calibration on computer monitors, the colors displayed are not guaranteed to be the actual colors. In order to approve the actual colors, you will need to request a hard-copy proof that will be printed on the actual material used for your project for an additional fee. Please Note: Our installers are not certified electricians, and therefore, are not responsible for installing the electricity to your new sign. We will mount your sign to the building, but you may require an electrician to connect the electricity to it after installation.

## ORDER #

### CROSS-SECTION





NOT APPROVED, PLEASE MAKE NOTED CHANGES

CUSTOMER SIGNATURE

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678.714.8700 | 5170 Bellewood Court | Buford, GA 30518 | PinnacleCustomSigns.com



#### Harnett GIS

Set back from property line 1	lo' Harnett County GIS
Surrounding County Boundaries   City Limits   County Boundary   County Boundary   Image: County Boundary   County Boundary   Image: County Boundary	$W \rightarrow G_{S} E$ $0  20  40$ $Feet$ 1 inch = 24 feet