



Initial Application Date: _____

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Alpine Holdings LLC Mailing Address: 350 Wagoner Dr.

City: Fayetteville State: NC Zip: 28308 Contact # 910-309-2860 Email: brooke@weavercompanies.com

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

City: Dunn State: NC Zip: 28334 Contact # 910-892-5900 Email: info@signandawning.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Karen Taylor/ Jason Honeycutt Phone # 910-892-5900

Address: 555 Alpine Dr. Sanford, NC PIN: 9586-88-3426.000

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: 4175 / 2698

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 57.75" x 63.75" Use: 66 sq. ft. flush mount channel letter wall 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.

Karen Taylor for SAA
Signature of Owner or Owner's Agent

1/17/24
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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Alpine Holdings LLC Date: 1/17/24
Site Address: 555 Alpine Dr. Sanford, NC 27332 Phone: 910-309-2860
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: 66 sq. ft. flush mount channel letter wall sign

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 4065

Sign & Awning Systems, Inc.
Building Contractor's Company Name
2785 US Hwy 301 N Dunn, NC 28334
Address

910-892-5900
Telephone
info@signandawning.com
Email Address

Jason M. Hargett
Signature of Owner/Contractor/Officer(s) of Corporation

License # _____

Electrical Contractor Information: Electrical Cost \$ 500

Description of Work Electrical for Wall Sign Service Size: 3 Amps #T-Poles _____

J.M Pope Electric
Electrical Contractor's Company Name
409 Chatham Street Sanford, NC
Address

919-776-5144
Telephone
marshallpope74@gmail.com
Email Address

Marshall Pope
Signature of Owner/Contractor/Officer(s) of Corporation

21326
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.

Jason W. Hargett
Signature of Owner/Contractor/Officer(s) of Corporation

11/17/24
Date

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.

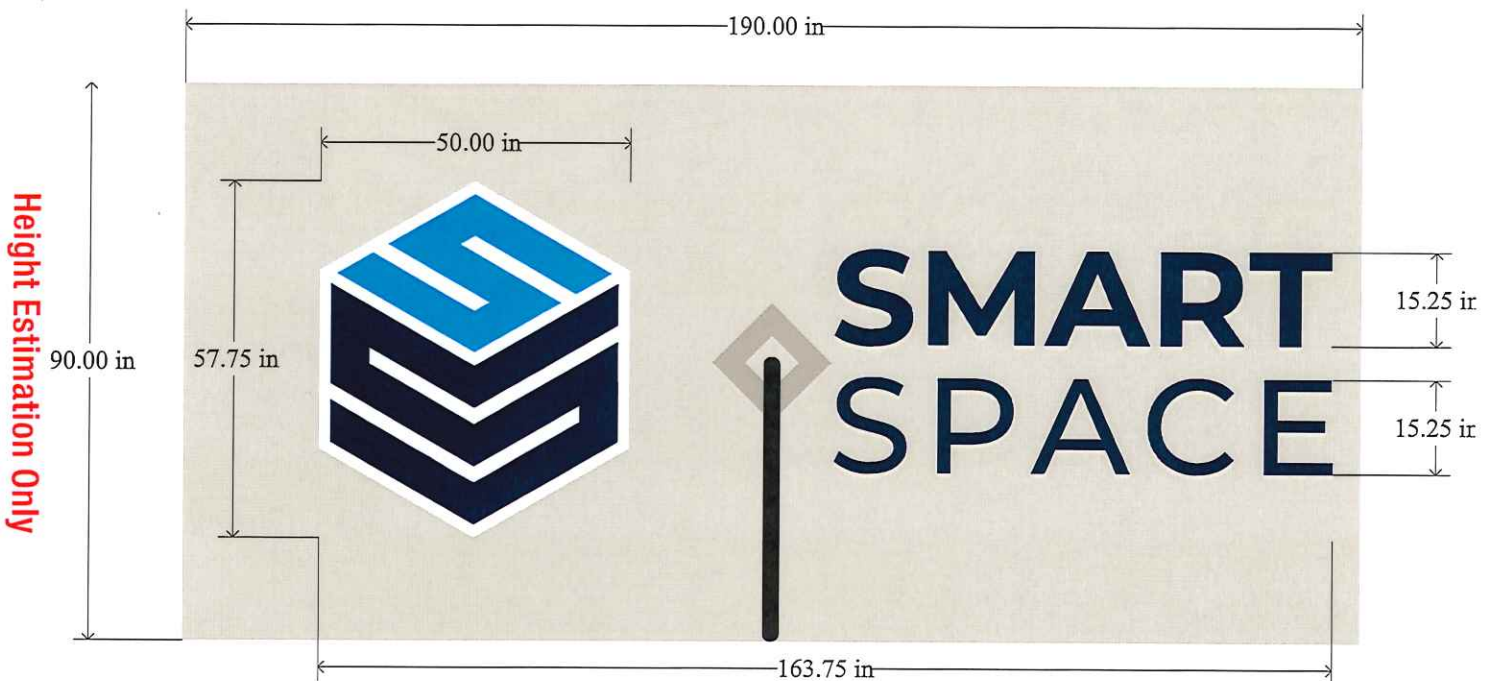
____ Has no more than two (2) employees and no subcontractors.

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.

Company or Name: Sign & Awning Systems, Inc.

Sign w/Title: Jason W. Hargett, Pres. Date: 11/17/24

← 71' Bldg front →



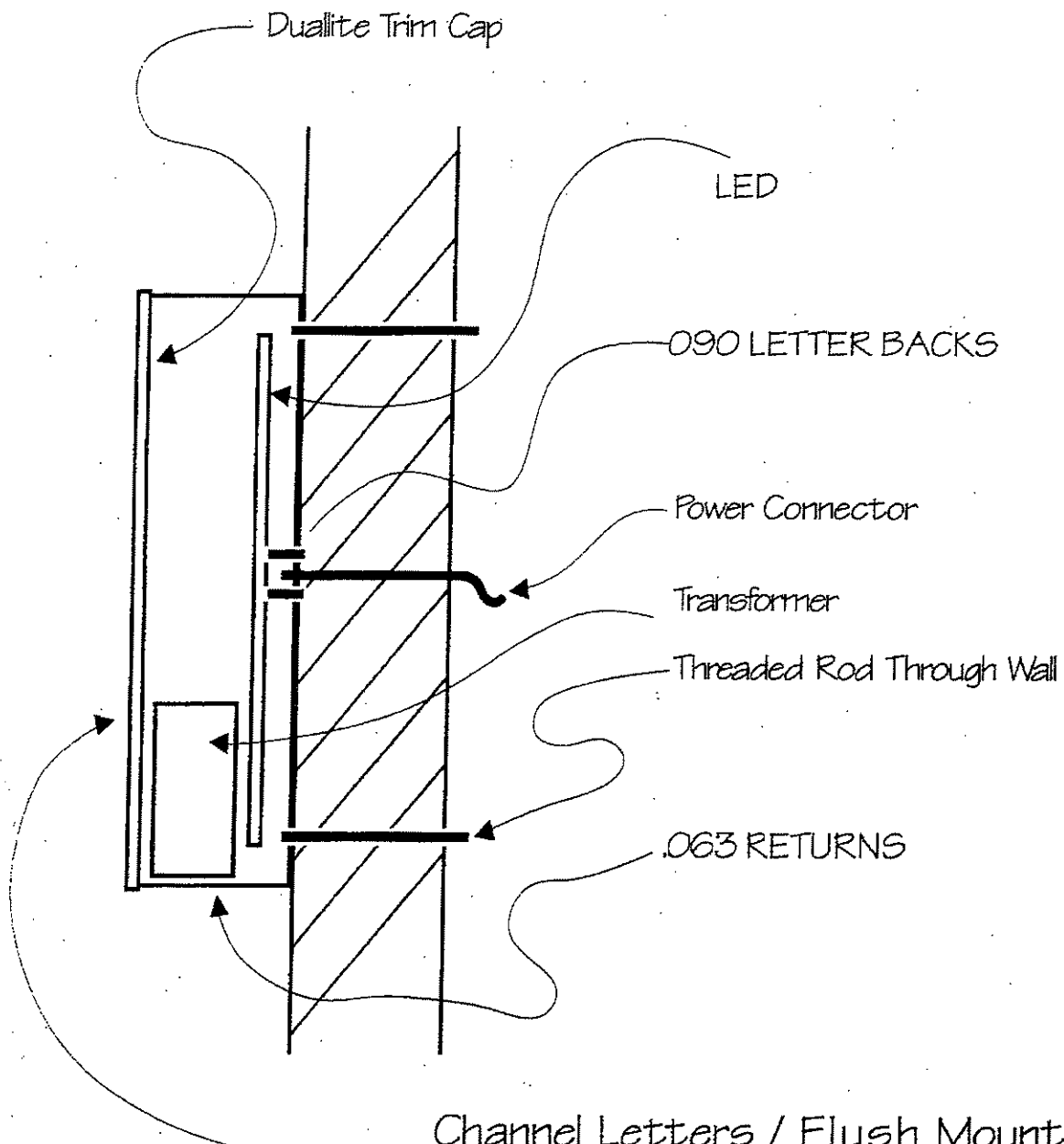
SMART SPACE STORAGE Flush-Mount Channel Letters w/ Logo Cloud

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 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.

Customer / Landlord Approval:

Date:



3/16" Plex Face

Channel Letters / Flush Mount

SPECIFICATIONS

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