\*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: Midgard Self Storage Spring Lake NC LLC	Date: 2/6/2025
Site Address: 14396 NC 210 S, Spring Lake, NC 28390 Phone:	910-496-1894
Directions to job site from Lillington:	
Subdivision:Lot:	
Description of Proposed Work:	
Heated SF Unheated SF	
General Contractor Information: Building Cost \$ 15,000	
Elite Custom Signs, Inc. 919-917-7127	
Building Contractor's Company Name Telephone	
5605 Chapel Hill Road, Suite 114, Raleigh, NC 27607 tom@elitecust	omsigns.com
Address Email Address	
Tom Cohorst N/A	
Signature of Owner/Contractor/Officer(s) of Corporation License #	
Electrical Contractor Information:       Electrical Cost \$ 1000         Description of Work       Sign Circuit for wall signs       Service Size: 20 Amps	#T-Poles 0
Carl West Electric 919-522-3648	
Electrical Contractor's Company Name Telephone	
· ·	21@gmail.com
Address Email Address	
(cul W/ell 32121-L	
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	
relephone	
Address Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address Telephone	_

Sprinkler Contractor Information			
Sprinkler Contractor's Company Name		Telephone	
Address		Email Address	
Signature of Officer(s) of Corporation  Fire Alarm C	ontractor Informat	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 Trans	sportation Driveway A	Access/Permit?YesNo	
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 <u>any</u> 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.			
Tom Cohorst Signature of Owner/Contractor/Officer(s) of Corpor		2/6/25	
Signature of Owner/Contractor/Officer(s) of Corpor	ation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor Owner	Officer/Agen	at 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 o	btained workers' co	mpensation 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 covering themselves.	has their own policy	of workers' compensation insurance	
Has no more than two (2) employees and no	o subcontractors.		
While working on the project for which this permit is Department issuing the permit may require certificato issuance of the permit and at any time during the carrying out the work.	s sought it is unders ates of coverage of v	worker's compensation insurance prior	
Department issuing the permit may require certificate to issuance of the permit and at any time during the	s sought it is unders ates of coverage of v	worker's compensation insurance prior	

**EMERGENCY EGRESS** 

CUSTOMER: RELIANT PHONE NUMBER: 407-470-8786 PROJECT: SPRING LAKE, NC SALESPERSON: DON DESIGNER: JO

CONTACT NAME: PEYTON GUILLOT

ADDRESS: 14396 NC-210 SPRING LAKE, NC 28390

EXISTING FACADE

ЗММ АСМ ВАСК

HANFLY LIGHTING SYSTEM

3/16" ACRYLIC FACES

1/4" Drain holes at bottom of letter cans w/ light baffles.

For exterior signage only

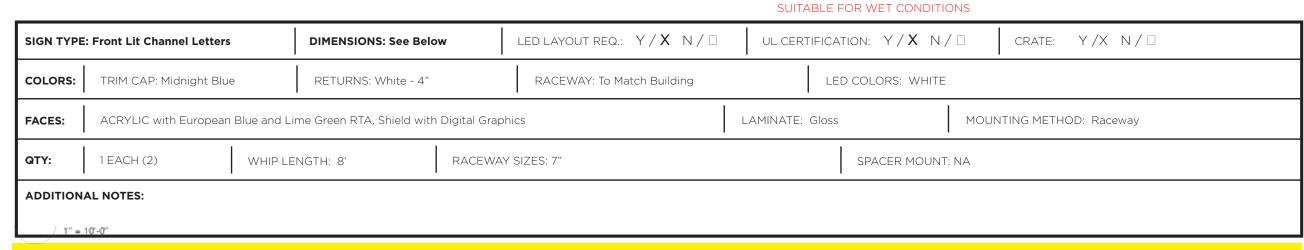
SIGNS

RIVETS. (LETTER TO RACEWAY FA

x Install □ P/U □ Ship □ Del. □ OS



4 1/2"



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



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 quaranteed to be the actual colors, on 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

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.