



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: Duncan Baptist church c/o Betty Mailing Address: 12024 NC-42

City: Fuquay-Varina State: NC Zip: 27526 Contact # _____ Email: _____

APPLICANT*: Candice Price/Advance Signs Mailing Address: PO Box 1090

City: Angier State: NC Zip: 27501 Contact # 919-639-4666 Email: Candice.Price@advance

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Candice Price/Advance Signs Phone # 919-639-4666

Address: 12024 NC-42 Fuquay-Varina PIN: 0635-79-3657.000

Zoning: RA-30 Watershed: _____ Flood: _____ Deed Book Page: _____ / _____

Setbacks – Front: 10' 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 _____ x _____) Use: _____

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: Installation of new sign cabinet on existing structure.

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.

Candice Price

Signature of Owner or Owner's Agent

4/29/25

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.

strong roots • new growth

*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: Duncan Baptist Church c/o Betty Belts Date: 04/29/25

Site Address: 12024 NC-42 Fuquay Varina NC 27526 Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Installation of new sign cabinet on existing structure

Heated SF 51.7 Unheated SF _____
General Contractor Information: Building Cost \$ 29,000.00

Advance Signs & Service, Inc
Building Contractor's Company Name

PO Box 1090, Angier, NC 27501
Address

Candice Price
Signature of Owner/Contractor/Officer(s) of Corporation

919-639-4666
Telephone

Candice.Price@advancesignservice.com
Email Address

Electrical Contractor Information: Electrical Cost \$ 250.00

Description of Work Connection of sign cabinet to existing structure Service Size: _____ Amps #T-Poles _____

Advance Signs & Service, Inc
Electrical Contractor's Company Name

PO Box 1090, Angier, NC 27501
Address

Candice Price
Signature of Owner/Contractor/Officer(s) of Corporation

919-639-4666
Telephone

Candice.Price@advance sign service.com
Email Address

16005 SPES
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.

Candice Ruice

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

04/29/25

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:

Advance Signs & Service, Inc

Sign w/Title:

Murphy Project Manager

Date:

4/29/25



Remove existing 5'-2" H x 10'-0" W Sign Cabinet and Installation of New 5'-2" H x 10'-0" W Sign Cabinet on Existing Steel Structure - No Modifications Made to Structure