

Initial Application Date:	Application #	
	DRB#CU#	
COMMERCIAL COUNTY OF HARNETT LAND USE APPLICA	ATION	
Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910	9) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits	
LANDOWNER: SpringHill Methodist Church Mailing Address: 1900	Spring dill Church Ro	
City: Lillington State: NC Zip: 27546 Contact #	Email:	
APPLICANT* Candice Price Mailing Address: PO	BOX 1090	
APPLICANT*: Candica Prica Mailing Address: PO City: Angiac State: NC Zip: 27501 Contact #919-639-4 *Please fill out applicant information if different than landowner	Cololo Email advances in Service Com	
*Please fill out applicant information if different than landowner		
CONTACT NAME APPLYING IN OFFICE: Candica Price	Phone # 919- 639- 4666	
Address: PIN: 051 8 - 69 -	1089.000	
Zoning: R130 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:# Emple	oyees: Hours of Operation:	
□ Daycare # Preschoolers: # Afterschoolers: # Employees	s: Hours of Operation:	
☐ Industry Sq. Ft: Type: # Employees	Hours of Operation	
Industry Sq. Ft: # Employees	s rious of Operation.	
Church Seating Capacity: # Bathrooms:	Kitchen:	
□ Accessory/Addition/Other (Sizex) Use:		
The same state of the same sta) *Must have energible water before final	
Water Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Applicatio	n at the same time as new rank)	
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tan (Complete Environmental Health Checklist on other side of application if Septic	k County Sewer	
Comments: Furnish \$ Install 2 Single face watch	fire electronic message	
Centers. Removal of Existing Signage		
	DENO WISHINGTON OF THE	
included onto existing structure.		
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina re	egulating 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.		
Cardina Duisa	05/01/25	
Signature of Owner's Agent	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

Application for Ballang and Fragos	
Owner's Name: Pring Hill United Hathodist Chur	Date: 05/61 6
Site Address: 1960 Spring Hill Church Rd.	Phone: 910-893-4723
Directions to job site from Lillington:	
Directions to job site from Lillington.	
Subdivision:	
Description of Proposed Work: That a EMC and rem	ove existing signage
Heated SF 74.49 Unheated SF	5 5 0
General Contractor Information: Building Cost \$	
Advance signs 3 service, Inc	919-639-4666
Building Contractor's Company Name 596 w. Church Rd, Angier, N.C.2750	Telephone Poince Do Ways
596 W. Church Rd Angier, N. C.27501	Telephone Candice, Price Eadvance Sign Service, Com
Address	Email Address
Candice Frice	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost Description of Work Service Size:	\$
	Amps #1-Poles
Advance Signs & Service, Inc.	919-639-4666
Electrical Contractor's Company Name Re w. Church Rd. Angier, J.C. 2750	Telephone Price @ advance
596 w. Church Hd. Hingier, N.C. 27501	Signsorvice, Con
Address	Email Address
Canada Force	16605 SP ES License #
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Contractor Information:	Cost \$
Description of Work	# Units
Mark and a Company of the Company of	Talanhana
Mechanical Contractor's Company Name	Telephone
A.1.	Fig. all Address
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	
	# Baths
Description of Work	# Dattis
Plumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Name	Гетерионе
Address	Email Address
Audices .	Email Addition
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 Contractor Information	License # tion	
Fire Alarm Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Driveway	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 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		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner Officer/Age	ent 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 policovering themselves.	cy of workers' compensation insurance	
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is under Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work for carrying out the work.	of worker's compensation insurance prior	
Company or Name: Advance Signs & Service		
Sign w/Title: /// www/	Date: 5/5/25	



