

Initial App	olication Da	ate: 04 29 25							
		1 1				DRB #		CU#	
				COMME		ATION			
			ngton, NC 27546	UNTY OF HARNETT LAI (Mailing) PO Box 65 Lillington No	27546 Phone: (910)) 893-7525 opt #			
LANDOW	VNER: Be	nton and Sons	Dunn Pro	perties LC Mailing A	.ddress: <u>40(</u>	of the	does	Cha	rel Ro
City: State: Zip: <u>8834</u> Contact # Email:									
APPLICANT*: Cardice Price Advance Signs Mailing Address: POBOX 1090									
City: Anales State: 1C Zip: 750 Contact # 919-639-4(dolo Email: Candice. Price Qadvance *Please fill out applicant information if different than landowner									
CONTACT NAME APPLYING IN OFFICE: Candica Price Advance Signs Phone # 919-639-4666									
Address: 40104 Hodges Chapel Rd PIN: 1537-28-2473.000									
Zoning: Watershed: Flood: Deed Book Page: /									
Setbacks – Front: 10 Back: Side: Corner: Corner:									
PROPOS	SED USE:								
□ Multi-Family Dwelling No. Units: No. Bedrooms/Unit:									
□ Bus	siness	Sq. Ft. Retail Space: _	Тур	e:	# Emplo	oyees:	Hours o	f Operatior	c
□ Day	ycare	# Preschoolers:	# Af	fterschoolers:	# Employees	s:	_ Hours of Op	peration: _	
☐ Indu	ustry	Sq. Ft:	_ Type:		# Employees	s:	_ Hours of Op	peration:	
☐ Chu	urch	Seating Capacity:		# Bathrooms	3:	Kitchen: _			
□ Acc	cessory/Ad	dition/Other (Size	_x) Use:						
Water Si	upply:	County Exist	ting Well	New Well (# of dwellin	gs using well) *Mu	st have oper	able water	before final
	Supply:	New Septic Tank	Expansion	Need to Complete Ne RelocationEx	w Well Application disting Septic Tank	n at the same	e time as iyew	/ Lank)	
	(C.c	molete Environmental H	Health Checklis	st on other side of applica	ition if Septic			Cale	blb Louis
comments: Installation of Customer Provided Sign (3 x12) Cabinet de									
Sided. Advance signs to furnish structural steel Pole. Aluminum									
Fabricated Pole cover to Match Painted Sign calsinet. Excavation									
all footing and associated Concrete.									
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.									
Candoice Pouce 04/29/25									
Signature of Owner or 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.

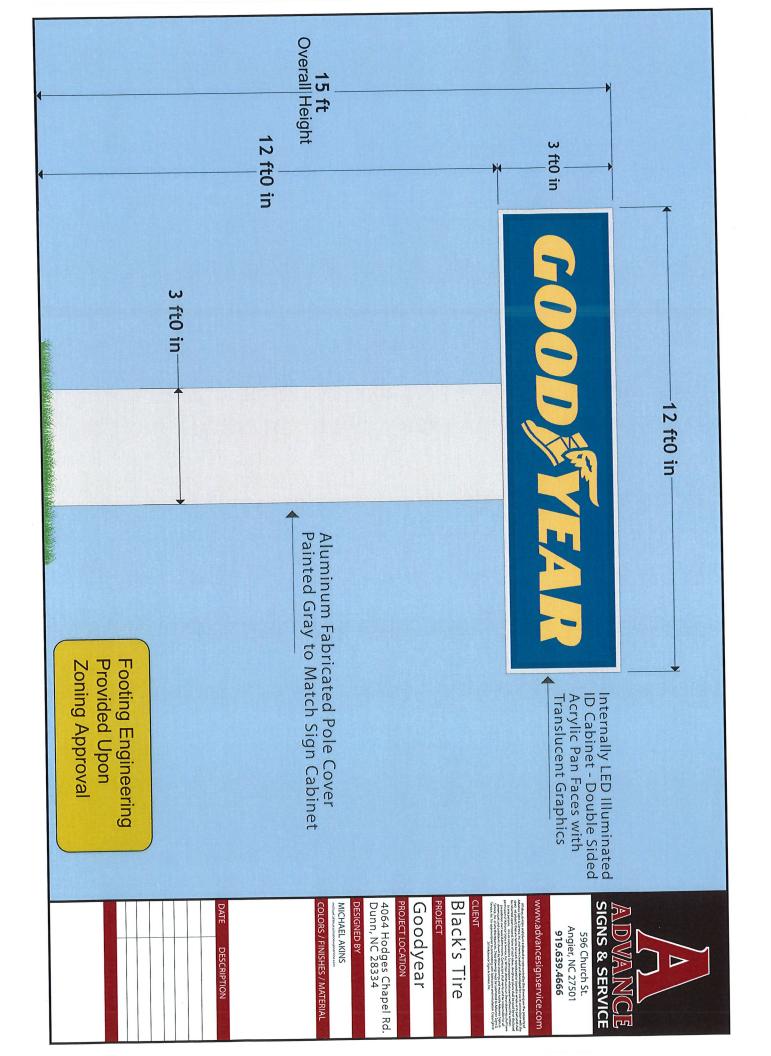
Application # _____

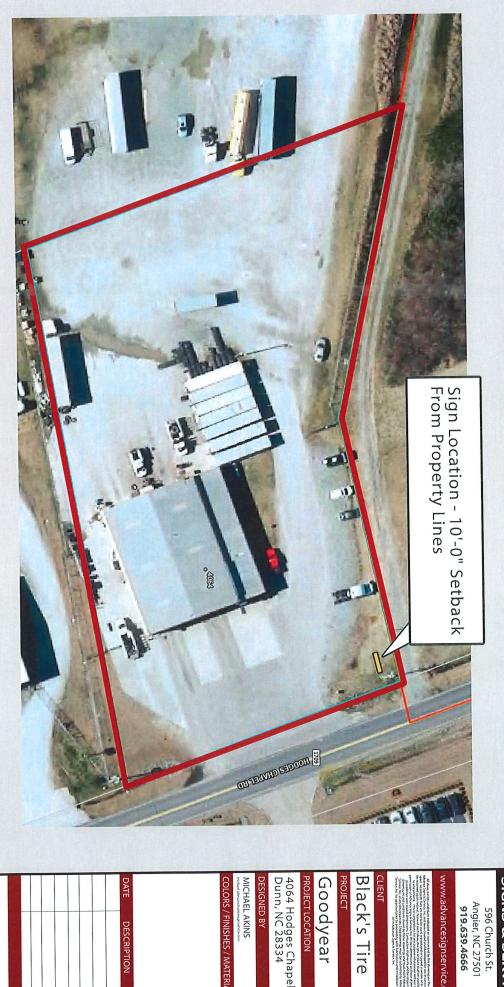
Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

	Application for Building and Trades Po	ermit
	Owner's Name: Blacks Tire \$ Auto Sorvice	Date: 04 09 06
	Site Address: 4064 Hodges Chapel Rd	Phone:
	Directions to job site from Lillington:	
	-Subdivision:	Lot:
	Description of Proposed Work: The Market SE	aidord sign. Advance signs to
	Heated SF Unheated SF General Contractor Information: Building Cost \$	THISH POID & POIC COVOR
0:	Building Contractor's Company Name	919-639-4666
eign	Building Contractor's Company Name	Telephone
	Address Puc &	Email Address
	Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost	License #
	Description of Work furnish steel Pole of Cover Service Size:	Amps #T-Poles
	Electrical Contractor's Company Name PO Box 1090 Angier, No. 21501	Telephone Price @ advancesign service
	Address Address	Email Address
	Candia touro	16005 SPES
	Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Contractor Information:	License # ost \$
	Description of Work	# Units
	Mechanical Contractor's Company Name	Telephone
	Address	Email Address
	Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License # \$
	Description of Work	
	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

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 #						
<u>Driveway Access</u> - 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.							
Signature of Owner/Contractor/Officer(s) of Corporation	04 39 35 Date						
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:							
	/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: Odvonce Signs > Service							
Sign w/Title:	Date: 5/2/25						







ww.advancesignservice.com

Black's Tire

Goodyear

4064 Hodges Chapel Rd. Dunn, NC 28334