



Initial Application Date: 05/20/25

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: Benson Pentecostal Holiness Church Mailing Address: 8991 NC 27 E

City: Benson State: NC Zip: 27504 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Candice Price / Advance Signs Mailing Address: P.O. Box 1090

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

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: Candice Price Phone # 919-639-4666

Address: 596 W. Church St. PIN: 1529-19-4052.000

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: Furnish and installation of Quantity 1- Double Sided  
Freestanding Sign at 60 sq FT and 12'-0" Overall height.  
Sign to include 3' x 7' Electronic message center

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

05/20/25

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.\*\*\*

\*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: Benson Pentecostal Holiness Church Date: 05/20/25

Site Address: 8991 NC 27 E, Benson NC 27504 Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Furnish and install 1 dbl sided freestanding sign w/ EMC

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ \_\_\_\_\_

Advance Signs & Service, Inc

Building Contractor's Company Name

596 W. Church St.

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 \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Advance Signs & Service, Inc

Electrical Contractor's Company Name

596 W. Church St.

Address

Candice Price

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

License #

919-639-4666

Telephone

Candice.Price@Advancesignservice.com

Email Address

**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.

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

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:

*Advantage Signs & Service, Inc.*

Sign w/Title:

*Melvin J. - Project Mgr.*

Date:

*5/20/25*