

*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: Martinez Commercial Properties LLC Date: 12 Aug 2025

Site Address: 308 Jairo DR. Fuquay-Varina 27526 Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Installation of new signage for E & M concrete, Inc

Heated SF _____ Unheated SF 78.99

General Contractor Information: Building Cost \$ 5,000

Sign 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@advance sign
Email Address service.com

826087-L
License #

Electrical Contractor Information: Electrical Cost \$ 250.00

Description of Work _____ 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
Email Address service.com

16005-SP-ES
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.

Constance Buice

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

12 Aug 2025

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: _____ Date: _____



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 Martinez Commercial Properties Mailing Address: 308 Jarco DR.

City: Fuquay-Varina State: NC Zip: 27546 Contact # _____ Email: _____

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

City: Angier State: NC Zip: 27541 Contact # 919-639-4666 Email: Candice.Price@advance
Sign Service.com

*Please fill out applicant information if different than landowner

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

Address: 308 Jarco DR. Fuquay-Varina PIN: 08-0654-0004-08

Zoning: _____ 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: _____ # 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 for E & M Concrete, Inc

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

12 Aug 2025

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.