

nitial Application Date:			
milar replication bate		DRB#	CU#
	COUNTY OF HADNETT I	ERCIAL AND USE APPLICATION	
Central Permitting (Physical) 420 McKinney Pk	un Lillington NC 27546 (Mailing) PO Box 65 Lillington	n NC 27546 Phone: (910) 893-7525 opt # 1	Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Fands Land	Development LC Mailin	g Address: Rep 99 LUN	ser Lane
city: Daly Springs	State Contact	# 919-730-7802 Ema	ail: Stepheusonbuildersinc @gmail.com
APPLICANT*: Advance Si	ans 3 Service Mailir	ng Address: PO BOX 10	do
City: NGGC *Please fill out applicant information if diffe	State: \(\text{State: \(\text{NC} \) Zip \(\frac{2750}{} \) Contact erent than landowner	# <u>919.639.4666</u> Em	90 Candica, Price @ advance ail: signservice, com
CONTACT NAME APPLYING IN OF	FICE: Candica Price	Phone #	919.639.4066
Address: POPOX 1090	angier, NC 27501 PIN:	05-0645-0207	
	Flood:Deed Book		
Zoning.Par Son watersheu	Back:Side:0	Consor	
Setbacks – Front: IV	Back:Side:	Comer	
PROPOSED USE:	N. D. J		
☐ Multi-Family Dwelling No. Uni	its: No. Bedrooms/Unit	<u> </u>	
☐ Business Sq. Ft. Retail S	pace:Type:	# Employees:	Hours of Operation:
☐ Daycare # Preschoolers	:# Afterschoolers:	# Employees:	_ Hours of Operation:
☐ Industry Sq. Ft:	Type:	# Employees:	_ Hours of Operation:
☐ Church Seating Capac	eity: # Bathro	ooms: Kitchen: _	
☐ Accessory/Addition/Other (Siz	rex) Use:		
Nov. Cardio	Existing Well Pow Well (# of dw (Need to Complet) Tank Expansion Relocation mental Health Checklist on other side of ap	Existing Septic Tank Cou	ntv Sewer
Comments: In Stall	15+10h Ot 18,38		
Sign to	include 2459ft	electronic M.	essage conter
If permits are granted I agree to co	onform to all ordinances and laws of the St	ate of North Carolina regulating su	ch work and the specifications of plans submitted.
I hereby state that foregoing state	ments are accurate and correct to the best	of my knowledge. Permit subject	to revocation if false information is provided.
	and Onich	IHA	19 2025
	Signature of Owner or Owner's Agent	Di	ate

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

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

wner's Name: Fands Land Davelopment 1	Date: 14 10 9000
wner's Name: Tends Lane Duvelophilais ite Address: 9H Lunker Lane, holly spring:	SJAIC THOMAS
irections to job site from Lillington:	
Subdivision:	d monument sign to include an Ema
Description of Proposed Work:	
Heated SF Unheated SF Building Contractor Information:	ost \$
Advance Signs 3 Service, Inc Building Contractor's company Name	Telephone
Building Contractor's Company Name	Telephone Candice. Price @ advance Signservice.com
POBOX 1090 Angler NC 27501	Fmail Address
Address	Email / (dalodo
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Description of Work	Il Cost \$
Description of Work Service	Size:Amps #T-Poles
Advance Sions 2 Sourice Inc	919.0519000
Electrical Contractor's Company Name	Telephone Candice, Price advance
PO Box 1090 Orgier, Nc. 27501	Sign Sorvice, com Email Address
Address	EmailAddress
Candice Price	16005-SP-ES
o: I of Corporation	License #
Mechanical Contractor Information: Mechanical	anical Cost \$
Description of Work	# Units
Description of Work	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor o Company	
Address	Email Address
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Intermation: Plumbi	ng Cost \$
Description of Work	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Hamo	
Allega	Email Address
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Info	rmation
	Talankana
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information				
prinkler Contractor's Company Name Telephone				
Address Email Address				
Signature of Officer(s) of Corporation 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 <u>any</u> 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 14 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 3 Service, Frc Sign WTitle:	15			
Sign withe.				



