

*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: Ample Storage Erwin LLC Date: 6/12/24
Site Address: 404 E Jackson Blvd "Bldg A" Phone: 919-934-3041
Directions to job site from Lillington: 421 E to Erwin. Jobsite on left
before Lowe's

Subdivision: _____ Lot: _____

Description of Proposed Work: Construct new Climate controlled Storage Bldg.

Heated SF 17,500 Unheated SF _____

General Contractor Information: Building Cost \$ 700,000.00

Lyndale Inc
Building Contractor's Company Name

919-934-3041
Telephone

PO Box 608 Smithfield NC 27577
Address

Wradleya@lmpmanagement.com
Email Address

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

11727
License #

Description of Work New Elect. Electrical Cost \$ 87,500.00
Service Size: 600 Amps #T-Poles _____

Hinnant's Elect. Service
Electrical Contractor's Company Name

919-201-2258
Telephone

300 Old Ferry Rd Emerald Isle NC 28594
Address

hinnantselectrical@gmail.com
Email Address

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

22441 Unl.
License #

Mechanical Contractor Information: Mechanical Cost \$ 65,450

Description of Work New HVAC

Units 6

Comfort Magic Inc
Mechanical Contractor's Company Name

919-634-9168
Telephone

P.O. Box 247 Selma NC 27576
Address

comfortmagichvac@gmail.com
Email Address

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

29952
License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work NA.

Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Insulation Contractor Information

Lyndale Inc.
Insulation Contractor's Company Name & Address

919-625-8751
Telephone

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Information

Sprinkler Contractor's Company Name N/A

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name N/A

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.

Bradley Sand

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

Date 6/12/24

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: Lynndale Inc

Sign w/Title: Bradley Sand U.P. Date: 6/12/24

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2169218

Filed on: 06/12/2024

Initially filed by: adam

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Owner Information

Ample Storage Erwin LLC

P.O. Box 608

Smithfield, NC 27577

US

Email: deeb@lampemanagement.com

Phone: 919-934-3041

Project Property

Building D
404 E Jackson Blvd.
Erwin, NC 28339
Harnett County

Property Type

Other

Date of First Furnishing

06/12/2024

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384