



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL BUILDING APPLICATION

Site Address: 404 E Jackson Blvd PIN: 1507-24-4207,000

Owner: Ample Storage Erwin LLC Phone: 919-934-3041 Email: Clay@lampmanagement.com

Description of Proposed Work: Construct a 24,000 sqft Building on an existing concrete slab from phase 1 Building H Total Job Cost: \$ 480,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Lyndale Inc.
General Contractor's Company Name

919-623-9881 - 919-934-3041
Phone

P.O. Box 608 Smithfield NC 27577
Address

Clay@lampmanagement.com
Email

11727
License #

Ronell C. [Signature]
Signature of Owner/Contractor/Officer of Corp.

\$ 294,000
Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wire lights, receptacles, and HVAC units

Service Size: 600 Amps T-Poles: YES NO

Hinnant's Electrical SVC.
Electrical Contractor's Company Name

919-201-2258
Phone

1291-201 Johnston Parkway Rd, Kenly NC 27542
Address

Hinnantjohn@aol.com
Email

U.22441
License #

John E Hinnant
Signature of Owner/Contractor/Officer of Corp.

\$ 114,000
Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install 7 units in self storage building # of Units: 7

Comfort Magic Inc.
Mechanical Contractor's Company Name

919-502-8343 - 919-634-9168
Phone

109 Eason Ln. Selma, NC 27576
Address

Comfortmagic hvac@gmail.com
Email

L.29952
License #

[Signature]
Signature of Owner/Contractor/Officer of Corp.

\$ 72,000
Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: N/A # of Baths: _____

Plumbing Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

\$ _____
Plumbing Cost

REFRIGERATION CONTRACTOR INFORMATION

N/A
Refrigeration Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name N/A Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name N/A Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO Handled as part of phase 1

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Phan C. [Signature] Signature of Owner/Contractor/Officer of Corp. 3-9-26 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has 3 or more employees and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
- Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Phan C. [Signature] Signature of Owner/Contractor/Officer of Corp. 3-9-26 Date