

\*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 G" Phone: 919-934-3041  
Directions to job site from Lillington: 401 E to Erwin Jobsite on left  
Before Howe's

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

Description of Proposed Work: Construct new climat-controlled Storage Bldg  
Heated SF 24,000 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 960,000.00

Lynndale Inc.

Building Contractor's Company Name

PO Box 608 Smithfield NC 27577

Address

Bradley David

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

**Electrical Contractor Information:** Electrical Cost \$ 122,500.00

Description of Work New Elect. Service Size: 600 Amps #T-Poles \_\_\_\_\_

Hinnant's Elect Service

Electrical Contractor's Company Name

300 Old Ferry Rd. Emerald Isle NC 28594

Address

Everetto Hinnant

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

**Mechanical Contractor Information:** Mechanical Cost \$ 77,000

Description of Work New HVAC # Units 6

Comfort Magic, Inc

Mechanical Contractor's Company Name

PO Box 247 Selma NC 27576

Address

[Signature]

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

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

N/A

Plumbing Contractor's Company Name

Address

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

**Insulation Contractor Information**

Lynndale Inc.

Insulation Contractor's Company Name & Address

919-934-3041

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.

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

6/18/24  
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: Lynndale Inc.

Sign w/Title: Bradly Sand U.P.

Date: 6/18/24