

*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: Town of Erwin Date: 4/23/24

Site Address: 110 W. F Street Erwin NC 28339 Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Bathroom Remodel

Heated SF 314 Unheated SF _____

General Contractor Information: Building Cost \$ 10,000.00

Kevin Tyndall Builders, Inc
Building Contractor's Company Name Telephone 910-237-4237

464 Lucas Rd Dunn NC 28334
Address Email Address tyndallbuildersinc@gmail.com



Signature of Owner/Contractor/Officer(s) of Corporation License # 71658

Electrical Contractor Information: Electrical Cost \$ 5,000.00

Description of Work Installing new fixtures to Service Size: _____ Amps #T-Poles _____

Byrd Electric replace old ones
Electrical Contractor's Company Name Telephone 910-263-9049

143 Mingo Rd Benson NC
Address Email Address tyndallbuildersinc@gmail.com


Signature of Owner/Contractor/Officer(s) of Corporation License # 20256-L

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

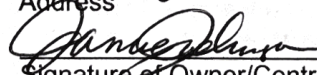
Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information: Plumbing Cost \$ ~~15,000.00~~ 5,000.00

Description of Work Installing new toilets, sinks, etc # Baths 2

Double J Plumbers
Plumbing Contractor's Company Name Telephone 910-814-7705

614 Byrd Rd Bunnlevel, NC 28323
Address Email Address tyndallbuildersinc@gmail.com


Signature of Owner/Contractor/Officer(s) of Corporation License # 21649

Insulation Contractor Information

Parker Brothers Inc 825 Kitty Fork Rd 910-564-4132
Insulation Contractor's Company Name & Address Clinton NC 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.



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

4/23/24

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: Kevin Tyndall Builders, Inc.

Sign w/Title: [Signature] President Date: 4/23/24