

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: _____

Directions to job site from Lillington: 421 E to Erwin Jobsite on left before howie's

Subdivision: _____ Lot: _____

Description of Proposed Work: Construct new self-storage facility.

Heated SF 24,000 Unheated SF _____

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

Lynddale Inc.
Building Contractor's Company Name

919-625-8751
Telephone

PO Box 608 Smithfield NC 27577
Address

bradleyg@lampmanagement.com
Email Address

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

11727-4 Unl.
License #

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

Description of Work New Elect/Lights/Switches

Service Size: 600 Amps #T-Poles 1

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 \$ 98,200

Description of Work HVAC / Bath Fans in Office

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 \$ 24,500.00

Description of Work Plumb 2 Baths in Office

Baths 2

William Parrish Plumbing
Plumbing Contractor's Company Name

919-763-7964
Telephone

2709 Campbell Rd. Raleigh NC 27606
Address

wpp@williamparrishplumbing.com
Email Address

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

27049 A1
License #

Insulation Contractor Information

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

6/12/24
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: Lynddale Inc.

Sign w/Title: Bradley David V.P.

Date: 6/12/24