



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Albertice Tyndall Jr. Date: 01/10/2023
Site Address: 1493 W. Blackman Rd. DUNN NC 28334 Phone: 910 263-5614
Subdivision: _____ Lot: _____
Description of Proposed Work: Single Home built Total Job Cost: _____

General Contractor Information

Albertice Tyndall Jr. 910 892-4358 / Cell # 910 263-5614
Building Contractor's Company Name Telephone
1473 W. Blackman Rd. DUNN NC 28334 moore.linda.1165@gmail.com
Address Email Address
1937 sq ft. Brick GARAGE SQ FT 764 sq ft.
License # HEATED SQ FT Venice

Electrical Contractor Information

Description of Work Single Home Wire Service Size: 200 Amps T-Pole: Yes No
William B Wester 919 499 7640
Electrical Contractor's Company Name Telephone
771 Page Rd Broadway NC 27505 wwester@harnett.k12.nc.us
Address Email Address
L-29742
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC system and Duct work
E + J Heating and Cooling LLC (910) 230-0215
Mechanical Contractor's Company Name Telephone
707 S 13th St Erwin NC 28339 eandjheatingcooling@gmail.com
Address Email Address
32998
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
614 Beard Rd Bennet NC 28323 910-814-7705
Plumbing Contractor's Company Name Telephone
Double JJ plumbing terrie.johnson.plumbing@gmail.com
Address Email Address
21649
License #

Insulation Contractor Information

Ethan R. Moore 128 Street Sneads Ferry NC 28460 (910) 263-5615
Insulation Contractor's Company Name & Address Telephone

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



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 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 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 as per current fee schedule.

Alberto Ferrall Jr.
Signature of Owner/Contractor/Officer(s) of Corporation

3-9-23
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.

Sign w/Title: Alberto Ferrall Jr.
Owner

Date: 3-9-23