



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

\* 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: DAB Holdings of NC LLC Date 10/24/23  
Site Address: 161 + ~~165~~ Rollins Acres Ln. Phone 919-427-8625  
Subdivision: Rollins Acres Lot 4  
Description of Proposed Work: New Duplex Total Job Cost \$330,000

**General Contractor Information**

Gammon Construction LLC 919-427-8625  
Building Contractor's Company Name Telephone  
4787 US Hwy 70 E Unit 101-01 Princeton, NC 27569 drew@Gammon-Construction.com  
Address Email Address  
76342 HEATED SQ FT 2560 GARAGE SQ FT 546  
License #

**Electrical Contractor Information**

Description of Work New Duplex Electric Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
Amped Electric 919-625-0180  
Electrical Contractor's Company Name Telephone  
510 Denning Rd. Benson, NC ampedelectricnc@yahoo.com  
Address Email Address  
30129-i  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Duplex HVAC  
My HVAC Guys 919-938-8202  
Mechanical Contractor's Company Name Telephone  
304 Stotts Mill Rd. Wendell, NC Brandon.baker@myhvacguysnc.com  
Address Email Address  
L.34239  
License #

**Plumbing Contractor Information**

Description of Work New Duplex Plumbing # Baths 4  
NJ Plumbing 919-422-7715  
Plumbing Contractor's Company Name Telephone  
181 Ewing Dr. Selma, NC lawrencegrady67@gmail.com  
Address Email Address  
19805  
License #

**Insulation Contractor Information**

Tri City Insulation - 1901 Herring Ave NE, Wilson, NC 252-243-4999  
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.

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

10/24/23  
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:  Manager    Date: 10/24/23