



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: Lawrence Hamilton _____ Date 2/1/22
Site Address: 1083 Chesterfield Lake Rd. Angier, NC 27501 Phone 910-658-7978
Subdivision: N/A Lot N/A
Description of Proposed Work: New Residential Dwelling Total Job Cost \$160,000

General Contractor Information

Gammon Construction LLC _____ 919-427-8625
Building Contractor's Company Name Telephone
139 Technology Dr. Ste A. Garner, NC 27529 GammonConstructionLLC@yahoo.com
Address Email Address
76342 HEATED SQ FT 688 GARAGE SQ FT 1062
License #

Electrical Contractor Information

Description of Work Electric wiring Service Size: _____ 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 HVAC install _____
My HVAC Guys LLC _____ 919-938-8202
Mechanical Contractor's Company Name Telephone
304 Stotts Mill Rd. Wendell, NC 27591 _____ Brandon.baker@myhvacguysnc.com
Address Email Address
L.34239
License #

Plumbing Contractor Information

Description of Work Plumbing new residence # Baths 1
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 Avenue Wilson, NC _____ 252-205-3541
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

2/1/22
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: 2/1/22