

Change of
Contractors



Harnett
COUNTY
NORTH CAROLINA

Application # BRES1908-0048

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 or licensed
contractor. Address, company
name & phone must match
information on license!

Application for Residential Building and Trades Permit

Owner's Name: Erol Varinos Date: 11/4/19
Site Address: 880 Rollins Mill Rd. Holly Springs Phone: 9193375706
Subdivision: _____ Lot: _____
Description of Proposed Work: inground pool Total Job Cost: 70K

General Contractor Information

Rising Sun Pools
Building Contractor's Company Name Telephone 919 851 9700
5608 Hillsborough St. Raleigh NC
Address Email Address gercy@risingsunpools.com

License # _____

Electrical Contractor Information

Description of Work Hook up pool pump Service Size: 40 Amps T-Pole: Yes No
W-3 Electrical Telephone 919-209-8726
Electrical Contractor's Company Name
308A W. Main St. Clayton NC
Address 27520 Email Address greg.hende@w3electric.com

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____

License # _____

Insulation Contractor Information

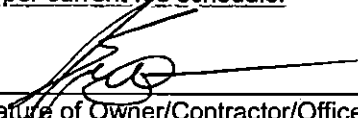
Insulation Contractor's Company Name & Address Telephone _____

***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

11/4/19

 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:

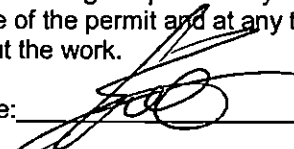
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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: 

Date: 11/4/19
