



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 66 (mailing)
Lillington, NC 27546

CHANGE OF CONTRACTOR FORM

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

65 sanatra dr cameron nc

Site Address: _____ PIN: 099564 0105 22

Existing Permit Number: _____

RT

yes on file

Is the scope of work the same as the work described on the referenced permit number? YES NO

CHANGE FROM: Setup Contractor

Donnie's Mobile Home Service

Contractor's Company Name

1220 Hwy 211 WRD Red Springs NC 28377

Address

35546

License #

-374-

~~910-374-3907~~

Phone

Email

CHANGE TO:

Veterans Home Remodeling LLC

Contractor's Company Name

1569 St Johns Loop Raeford NC 28376

Address

51504

License #

715-703-9030

Phone

VetsGyHousesNC@gmail.com

Email

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

Signature of Owner/Contractor/Officer of Corporation

31 MAR 26

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has 3 or more employees and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

31 MAR 11

Date