

CHANGE OF CONTRACTOR FORM

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

Site Address: 303 W. East St. ^{Erwin, NC} 28339 PIN: 06059714120002

Existing Permit Number: BRES-2510-0029

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

CHANGE FROM:

Andrew Payton Morris
Contractor's Company Name

4901 Vreemss Dr. Fayette
Address 28304
37469
License #

910-823-6720
Phone

apmoris1214@gmail.com
Email

CHANGE TO:

Jack Frank ^{Uprise} Heating & Air
Contractor's Company Name

3412 Ced
Address
37166
License #

(910) 824-1548
Phone

Uprisehvac@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.

Bryan Jensen
Signature of Owner/Contractor/Officer of Corporation

11-19-2025
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.

Byron Fisher
Signature of Owner/Contractor/Officer of Corporation

11-19-25
Date