

Application #

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

	011010000	
Owner's Name: Gemstone Homes LLC	Date: 2/16/2022	
Site Address: 265 Lambert Lane, Fuquay Varina, NC 27526	Phone: 919-756-1506	
	Lot: <u>40</u>	
Description of Proposed Work: Single Family New Construction	Total Job Cost: 400,000.00	
General Contractor Information		
Gemstone Homes LLC	919-355-6549	
Building Contractor's Company Name	Telephone	
206 Raleigh St, Fuquay Varina, NC 27526	office@gemstonehomesnc.com	
Address	Email Address	
78912 HEATED SQ FT 2578 GARAGE SQ	FT 465	
License #		
Description of Work New construction Electrical Contractor Information  Service Size:		
Imperial Electric	919-337-3400	
Electrical Contractor's Company Name	Telephone	
416 Upchurch St., Apex, NC 27502	office@imperial-electricnc.com	
Address	Email Address	
L.19850		
License #	.dia w	
Mechanical/HVAC Contractor Informa	ation	
Description of Work New Construction Mechanical/HVAC	040,000,0404	
Maynor HVAC	919-683-2421 Telephone	
Mechanical Contractor's Company Name	919-683-2421	
1094 Classic Rd Apex, NC 27539 Address	Email Address	
L.12309	Ellia / las soo	
License #		
Plumbing Contractor Information	•	
Description of Work New Construction Plumbing	# Baths	
Thorntons Plumbing	919-550-4833	
Plumbing Contractor's Company Name	Telephone	
3160 A Vinson Rd., Clayton, NC 27527	tpioffice2@gmail	
Address	Email Address	
L. 31034		
License # Insulation Contractor Information		
Livegreen Insulation 5001 Old Poole Rd., Raleigh, NC 27610	919-453-6411	
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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

2-16-2022

is as per current fee schedule.

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

Affidavit for Worker's Compe The undersigned applicant being the:	nsation N.C.G.S. 87-14	
General Contractor Owner Of	ficer/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 obtain them.	ed workers' compensation insurance to cover	
✓ 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 subcontr	actors.	
While working on the project for which this permit is sought it Department issuing the permit may require certificates of cov to issuance of the permit and at any time during the permitted carrying out the work.	erage of worker's compensation insurance prior	
Sign w/Title: President:	Date: 2/16/2022	