

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

Owner's Name: Gemstone Homes LLC	Date: 2/16/2022
Site Address: 318 Lambert Lane, Fuquay Varina, NC 27526	Phone: 919-756-1506
Subdivision: Purfoy Place	Lot: 40
Description of Proposed Work: Single Family New Construction	Total Job Cost:400,000.00
General Contractor Information	
Gemstone Homes LLC	919-355-6549
, ,	Telephone
206 Raleigh St, Fuquay Varina, NC 27526	office@gemstonehomesnc.com
7.00.000	Email Address
78912 HEATED SQ FT 2140 GARAGE SQ	Fit 426
License # Electrical Contractor Information	
Description of Work New construction Electrical Service Size:	Amps T-Pole: V_YesNo
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 #	tion.
Mechanical/HVAC Contractor Informa	RION .
Description of Work New Construction Mechanical/HVAC	010,000,0101
Maynor HVAC	919-683-2421
STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STATE ADDRESS OF	Telephone 919-683-2421
1094 Classic Rd Apex, NC 27539 Address	Email Address
L.12309	Elifali Address
License #	
Plumbing Contractor Information	
Description of Work New Construction Plumbing	# Baths 2.5
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	
	919-453-6411
Livegreen Insulation 5001 Old Poole Rd., Raleigh, NC 27610	9 9-400-04 1
Insulation Contractor's Company Name & Address	Telephone



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

2-16-2022

is as per current fee schedule.

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

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: President: Date:Date: