

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

## 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

tion on license.		
Owner's Name:	Gemstone Homes LLC	Date:Date:
Site Address: 337 Lambert Lane, Fuquay Varina, NC 27526		Phone: 919-355-6549
Subdivision: Purfoy Place		Lot: 37
Description of Propose	d Work: Single Family New Construction	Total Job Cost:400,000.00
	General Contractor Informa	<u>tion</u>
Gemstone Homes LLC		919-355-6549
Building Contractor's Company Name		Telephone
206 Raleigh St. Suite 100, Fuguay Varina, NC 27526		office@gemstonehomesnc.com
Address		Email Address
78912	HEATED SQ FT 2578 GARAGE	SQ FJ 465
License #		
Description of Mark N	<u>Electrical Contractor Informates Construction Electrical</u> Service Size	ation You Amos T. Pole: Ves No
Imperial Electr	ic	919-337-3400
Electrical Contractor's Company Name		Telephone
416 Upchurch St., Apex, NC 27502		•
Address		<u>office@imperial-electricnc.com</u> Email Address
L. 12309		Littali Addicas
License #		
	Mechanical/HVAC Contractor Info	<u>ormation</u>
Description of Work	New Construction Mechanical/HVAC	
A. Maynor Heating & Air Conditioning, Inc.		919-683-2421
Mechanical Contractor's Company Name		Telephone
1094 Classic Rd Apex, NC 27539		gerald@maynorhvac.com
Address		Email Address
L.35159		
License #	-	
	Plumbing Contractor Informa	<u>ition</u>
Description of Work	New Construction Plumbing	# Baths3
Thorntons Plumbi	ing	919-550-4833
Plumbing Contractor's Company Name		Telephone
3160 A Vinson Rd., Clayton, NC 27527		tpioffice2@gmail.com
Address		Email Address
L.31034	-	
License #		
	Insulation Contractor Informa	
Livegreen Insulation 5001 Old Poole Rd., Raleigh, NC 27610 Insulation Contractor's Company Name & Address		919-453-6411
nsulation Contractor's C	Jompany 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

3-14-22

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Affidavit for Worker's Compensat The undersigned applicant being the:	ion N.C.G.S. 87-14	
General Contractor Owner Officer//	Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	rm(s) or corporation(s) performing the work	ς.
Has three (3) or more employees and has obtained worker	s' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained withem.	orkers' compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own provering themselves.	policy of workers' compensation insurance	
Has no more than two (2) employees and no subcontractor	rs.	
While working on the project for which this permit is sought it is un Department issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work carrying out the work.	e of worker's compensation insurance prior	r
Sign w/Title:	Date: 3/14/2022	