

Change of Contractor

Application #	
Theileanen	

* 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.hamett.org/permits

Application for Residential Building and Trades Permit

agon on license.		21-11-10
Owner's Name:	Gemstone Homes LLC	Date: 3/26/2
Site Address: 248	Lambert Lane, Fuquay Varina, NC 27526	Phone: 919-355-6549
Subdivision: Purfoy		Lot:(
Description of Proposed	d Work: Single Family New Construction	Total Job Cost: 400,000.00
•	General Contractor Information	
Gemstone Ho		919-355-6549
Building Contractor's C		Telephone
206 Raleigh St Sui	te 100, Fuquay Varina, NC 27526	construction@gemstonehomesnc.
Address		Email Address
78912	HEAVED SQUATE 2547 GARAGES	@厨 6 70
License #	Electrical Contractor Informatic	AP.
Description of Work No	Electrical Contractor Information Electrical Service Size:	Amps T-Pole: YesNo
Imperial Electri	c	919-337-3400
Electrical Contractor's C	Company Name	Telephone
416 Upchurch S	t., Apex, NC 27502	office@imperial-electricnc.com
Address		Email Address
L. 12309	_	
License #		a
	Mechanical/HVAC Contractor Inform	nation
Description of Work	New Construction Mechanical/HVAC	
	& Air Conditioning, Inc.	919-683-2421
Mechanical Contractor's	Company Name	Telephone
	d Apex, NC 27539	gerald@maynorhvac.com
Address		Email Address
L.35159 License #		
FIGURE 4	Plumbing Contractor Information	on ·
Description of Work	New Construction Plumbing	
Thorntons Plumbi	•	919-550-4833
Plumbing Contractor's C		Telephone
"	dd., Clayton, NC 27527	tpioffice2@gmail.com
Address		Email Address
L.31034		
License #		
	Insulation Contractor Information	
	001 Old Poole Rd., Raleigh, NC 27610	919-453-6411 Telephone
inculation Contractor's C	omnany Name & Address	Leiebabae

*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

carrying out the work.

Sign w/Title: 4

3.26,24

Date: 3.26.24

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 o issuance of the permit and at any time during the permitted work from any person, firm or corporation	