



Change of Contractor

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* 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.

Application for Residential Building and Trades Permit

Owner's Name: Gemstone Homes LLC Date: 3/26/2024
Site Address: 90 Lambert Lane, Fuquay Varina, NC 27526 Phone: 919-355-6549
Subdivision: Purfoy Place Lot: 4
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 Suite 100, Fuquay Varina, NC 27526 construction@gemstonehomesnc.com
Address Email Address
78912 HEATED SQ FT 2883 GARAGE SQ FT 440
License #

Electrical Contractor Information

Description of Work New Construction Electrical Service Size: _____ Amps T-Pole: Yes No
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. 12309
License #

Mechanical/HVAC Contractor Information

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 Information

Description of Work New Construction Plumbing # Baths 3
Thorntons Plumbing 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 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 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

3.26.24

 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

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:  _____ Date: 3.26.24