

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

## **CHANGE OF CONTRACTOR FORM**

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Site Address: _641Barbecue Church Rd	PIN:9587-58-5620.000
Existing Permit Number: SFD2403-0050	
Is the scope of work the same as the work described on the refere	enced permit number? YES ⊠ NO □
CHANGE FROM:	
Affordable Heating & Air Contractor's Company Name	919-550-0031 Phone
PO Box 326, Lemon Springs, NC 28355 Address	 Email
License #	
CHANGE TO:	
D&D HVAC, LLC	919-628-2183
Contractor's Company Name	Phone
605 Chatham St, Sanford, NC 27330	contact@ddhvacllc.com
Address	Email
23371 License #	
I hereby certify that I have the authority to complete this application, conform to the regulations in the Building, Electrical, Plumbing and Med I state the information on the aforementioned contractors is correct as it all subcontractors permission to obtain these permits and if any cof bedrooms, building and trade plans, Environmental Health permits permits to notify the Harnett County Central Permitting Department.	chanical codes and in the Harnett County Zoning Ordinance. is known to me and that by signing below I have obtained hanges occur including listed contractors, site plan, number nit changes or proposed use changes, I certify it is my
J- 14-5	10/6/2025
Signature of Owner/Contractor/Officer of Corporation	Date



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is the scope of work the came as the trem as	•
CHANGE FROM:	
Double J Plumbing, LLC	910-814-7705 Phone
Contractor's Company Name	Filone
614 Byrd Rd, Bunnelevel, NC 28323	Email
Address	
License #	
LICENSE IF	
CHANGE TO:	
McDonald Plumbing	919-770-0773
Contractor's Company Name	Phone
5783 Lemon Springs Rd, Sanford, NC 27332	mcdonaldplumbingcompany@gmail.com Email
Address	Liliali
11824 License #	
License #	
I hereby certify that I have the authority to complete this application, the conform to the regulations in the Building, Electrical, Plumbing and Mech	nat the application is correct and that the construction will
Letate the information on the aforementioned contractors is correct as it is	s known to me and that <b>by signing below I have obtained</b>
all subcontractors permission to obtain these permits and if any ch of bedrooms, building and trade plans, Environmental Health perm	langes occur including listed contractors, site plan, number
responsibility to notify the Harnett County Central Permitting Departme	nt of all changes.
J- 1-5	10/6/2025
Signature of Owner/Contractor/Officer of Corporation	Date



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CHANGE FROM:	
JM Pope Electric	910-890-3655
Contractor's Company Name	Phone
409 Chatham St, Sanford, NC 27330 Address	tysonp223@gmail.com Email
License #	
CHANGE TO:	
Andrew McCord Contractor's Company Name	<u>919-395-9373</u> Phone
115 Gower Circle, Garner, NC Address	4connectelectric.com Email
I hereby certify that I have the authority to complete this application, the conform to the regulations in the Building, Electrical, Plumbing and Mech I state the information on the aforementioned contractors is correct as it is all subcontractors permission to obtain these permits and if any choof bedrooms, building and trade plans, Environmental Health permit responsibility to notify the Harnett County Central Permitting Department	nanical codes and in the Harnett County Zoning Ordinance. s known to me and that by signing below I have obtained anges occur including listed contractors, site plan, number it changes or proposed use changes, I certify it is my
2 // Simulations of Comparation	10/6/2025
Signature of Owner/Contractor/Officer of Corporation	Date



Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
x General Contractor Owner Officer/Agent of the Contractor or Owner
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
x Has 3 or more employees and has obtained workers' compensation insurance to cover them,
Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
Has no more than 2 employees and no subcontractors,
While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.
Signature of Owner/Contractor/Officer of Corporation    10-16-25   Date