

## 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 referenced 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  
Contractor's Company Name

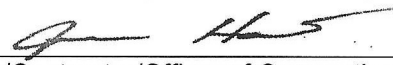
919-628-2183  
Phone

605 Chatham St, Sanford, NC 27330  
Address

contact@ddhvacllc.com  
Email

23371  
License #

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

10/6/2025  
\_\_\_\_\_  
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ 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

10-6-25  
\_\_\_\_\_  
Date