

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: _639 Barbecue Church Rd	PIN: 9587-58-5620.000
Existing Permit Number: SFD2403-0051 Cabin B	
Is the scope of work the same as the work described on the referen	nced permit number? YES ☒ NO ☐
CHANGE FROM:	
Lyon Builders Inc	919-498-2074
Contractor's Company Name	Phone
2139 Barbecue Church Rd, Sanford, NC 27332 Address	lyonp70@gmail.com Email
License #	
CHANGE TO:	
JA Hart Construction, Inc	919-777-0999
Contractor's Company Name	Phone
3408 Lee Ave, Sanford, NC 27332	sharoncoe@jahartconstruction.com
Address	Email
81140 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. 9/29/2025	
Signature of Owner/Contractor/Officer of Corporation	



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,	
X 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 9/29/2025 Date	