

## CHANGE OF CONTRACTOR FORM

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

Site Address: 131 Dauphine St. Fayetteville PIN: 0613-64-7302

Existing Permit Number: SFD 2505-0220

Is the scope of work the same as the work described on the referenced permit number? YES ☐ NO ☐

### CHANGE FROM:

Elite Custom Plumbing  
Contractor's Company Name

252-360-9439  
Phone

1406 S Crescent Dr. Smithfield, NC 27577  
Address

ECampbell@bambuilders.com  
Email

L. 23851  
License #

### CHANGE TO:

Integrum Plumbing  
Contractor's Company Name

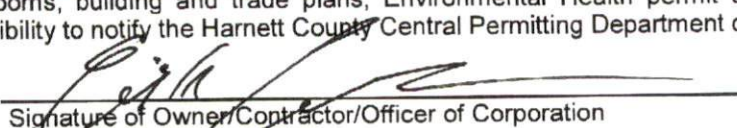
919-622-9102  
Phone

122 Oyster Rock Newport, NC 28570  
Address

ECampbell@bambuilders.com  
Email

L. 31279  
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

9/23/2025  
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:

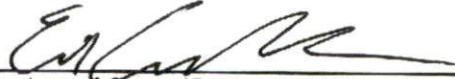
\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_ 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

9/23/2025  
Date