

CHANGE OF CONTRACTOR FORM

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

Site Address: 4439 Olivia Rd. PIN: 9568-35-3398

Existing Permit Number: SFD2508-0056

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

CHANGE FROM:

M Hill Electrical Contractors Inc
Contractor's Company Name

1412 Pitty Pats Path Zebulon, NC, 27597
Address

18970
License #

919-208-8679
Phone

Mike.hille@mhill electrical.com
Email

CHANGE TO:

Turn 2 Electric
Contractor's Company Name

218 Lopez Ln. Clayton, NC, 27527
Address

34860
License #

919-443-9094
Phone

brandon@turn2electrical.com
Email

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.

Kallin Tapp
Signature of Owner/Contractor/Officer of Corporation

12/1/25
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.

Kallie Taylor
Signature of Owner/Contractor/Officer of Corporation

12/1/25
Date