



\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # \_\_\_\_\_  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Fifty Five C, LLC. Date: 1/26/21  
Site Address: 3724 Hwy Phone: 910-745-0001  
Description of Proposed Work: Northgate, 5C

**General Contractor Information:** Building Cost \$ 824,700  
Onsite Homes LLC. Telephone 910-745-0001  
Building Contractor's Company Name  
2931 Breezewood Ave. Ste. 202 Fay, NC Email Address leannehair@onsitehomesnc.com  
Address 28303 License # 73671-U  
Signature of Owner/Contractor/Officer(s) of Corporation Joanna Hair

1.14.22

**Electrical Contractor Information:** Electrical Cost \$ 44,320  
Description of Work Electrical Service Size: 200 Amps #T-Poles ✓  
JM Pope Electric Telephone 910-890-3655  
Electrical Contractor's Company Name  
409 Chatham St. Sanford, NC 27330 Email Address marshall@jpe74@gmail.com  
Address License # 21326L  
Signature of Owner/Contractor/Officer(s) of Corporation James M Pope II

**Mechanical Contractor Information:** Mechanical Cost \$ 37,289  
Description of Work HVAC # Units \_\_\_\_\_  
Certified Heating & Air Telephone 910-858-0000  
Mechanical Contractor's Company Name  
PO Box 1071 Hope Mills, NC 28348 Email Address ehin.certified@gmail.com  
Address License # 20012  
Signature of Owner/Contractor/Officer(s) of Corporation John P

**Plumbing Contractor Information:** Plumbing Cost \$ 13,914  
Description of Work Plumbing # Baths 3  
Vance Johnson Plumbing Telephone 910-424-6712  
Plumbing Contractor's Company Name  
3242 Mid Pine Rd. Fay, NC 28306 Email Address 910-424-6712  
Address License # 2775L01  
Signature of Owner/Contractor/Officer(s) of Corporation Jeff D

**Insulation Contractor Information**  
Tricity Insulation 334 E. Mountain DR. Telephone 910-486-8855  
Insulation Contractor's Company Name & Address Fay, NC 28306

\*NOTE: General Contractor must fill out and sign the second page of this application

strong roots • new growth

**Sprinkler Contractor Information**

|  |                     |
|--|---------------------|
| Sprinkler Contractor's Company Name _____    | Telephone _____     |
| Address _____                                | Email Address _____ |
| Signature of Officer(s) of Corporation _____ | License # _____     |

**Fire Alarm Contractor Information**

|   |  |
|---|--|
| <p><u>Fire Protection</u></p> Fire Alarm Contractor's Company Name _____<br>Address <u>1048 Bragg Blvd. Fayetteville, NC. 28301</u><br>Signature of Officer(s) of Corporation <u>Diana J. Dav</u> | Telephone <u>910-486-6270</u><br>Email Address <u>fireprotection@firepro.biz</u><br>License # <u>SP. FA-LV-34023</u> |
|---|--|

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me 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 any and all changes.

**Expired Permit Fees** - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation Suzanna Hair 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

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

- Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
- Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Suzanna Hair Production Coord. Date: 7/28/21