

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

Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: RMS Investments LLC, d/b/a One27Homes	Date 12/12/23	
Site Address: Prespectablingh Boardo Mugn, NC 28334	Phone (919)813-0123	
Subdivision: single family residential - townhome	Lot Townhome Lot 2	
Description of Proposed Work:	Total Job Cost \$180,000	
General Contractor Information		
RMS Investments LLC, d/b/a One27Homes	(919)813-0123	
Building Contractor's Company Name	Telephone	
114 W. Main Street, Clayton, NC 27520	brittany@one27homes.com	
Address	Email Address	
76333 HEATED SO FT 1314 GARAGE SO	FT447	
License # Electrical Contractor Information		
Description of Work new single family residential Service Size:	Amps T-Pole: X Yes No	
Ogilvie Electric	(919) 362-7000	
Electrical Contractor's Company Name	Telephone	
7700 51 5 1 5 1 4 10 07500	ıling.ogilvieelectric@gmail.com	
	Email Address	
17046		
License #		
Mechanical/HVAC Contractor Informa	ition	
Description of Work new single family residential Carolina Comfort		
	(919)550-7111	
	Telephone	
PO Box 190, Clayton, NC 27528		
	Email Address	
31589		
License # Plumbing Contractor Information		
	# Baths 2.5	
Thornton's Plumbing Plumbing Contractor's Company Name		
3160-A Vinson Road, Clayton, NC 27527	Telephone	
	Email Address	
22152	Email Address	
License #		
Insulation Contractor Information		
TriCity - 7204 Becky Circle, Raleigh, NC 27615	(919)825-3857	
	Telephone	

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



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 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 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 as per current fee schedule.

a to the second	12/12/23	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner Off	icer/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:		
X 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: Brittany Radziszewski Date: 12/12/23		