

Need BP in name of Onsite Homes

09/09/11

Application #

18500431492

Harnett County Central Permitting  
PO Box 66 Lillington NC 27548  
910 893 7626 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Onsite Homes LLC Date \_\_\_\_\_  
Site Address 48 Brock Rd Bunnlevel Phone 910 486 4864  
Directions to job site from Lillington 2105 to Eliot Bridge S to McLean Chapel Church rd, Property is on corner of McLean Chapel Church & Brock  
Subdivision \_\_\_\_\_ Lot 8  
Description of Proposed Work Single family Dwelling # of Bedrooms 4  
Heated SF 3151 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

General Contractor Information

Onsite Homes LLC Telephone 910-745-0001  
Building Contractor's Company Name Fay NC  
Address 2919 Breezewood Ave SE 2405 28303 Email Address angelthornhill@onsitehomesnc.com  
73671-4  
License # \_\_\_\_\_

Electrical Contractor Information

Description of Work SFD Electrical Service Size 200 Amps T-Pole  Yes  No  
Southern Pride Electrical Telephone 919-750-9436  
Electrical Contractor's Company Name 370 Slapant Rd. Mt. Olive Email Address southernpride.mp@gmail.com  
Address 24736  
License # \_\_\_\_\_

Mechanical/HVAC Contractor Information

Description of Work HVAC for SFD  
Carolina Comfort Air Inc. Telephone 919 550 2463  
Mechanical Contractor's Company Name 200 Emmett Rd Dunn NC 28334 Email Address rebecca@carolinacomfortair.com  
Address 29077  
License # \_\_\_\_\_

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 3  
Vance Johnson Plumbing Telephone 910-424-6212  
Plumbing Contractor's Company Name 3242 Mid Pine Rd. Fay, NC Email Address etoeffer@vjplumbing.com  
Address 07756 P1  
License # \_\_\_\_\_

Insulation Contractor Information

Tricity Insulation Telephone 910 486 8855  
Insulation Contractor's Company Name & Address \_\_\_\_\_

\*NOTE General Contractor 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

Angel Thorel  
Signature of Owner/Contractor/Officer(s) of Corporation

4.25.18  
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

Company or Name Onsite Homes, LLC

Sign w/Title Angel Thorel    Date 4.25.18  
Production & QA manager

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**  
Entry #: 839391

Filed on: 04/24/2018  
Initially filed by: travina1

**Designated Lien Agent**

First American Title Insurance Company  
Online: [www.liensnc.com](http://www.liensnc.com) / [www.fatinc.com](http://www.fatinc.com)  
Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601  
Phone: 888-690-7384  
Fax: 913-489-5231  
Email: [support@liensnc.com](mailto:support@liensnc.com) / [ams@fatinc.com](mailto:ams@fatinc.com)

**Project Property**

LOT 08  
48 Brock Rd  
Bunnlevel, NC 28323  
Harnett County

**Print & Post**



**Contractors:**  
Please post this notice on the Job Site.

**Suppliers and Subcontractors:**  
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Property Type**

1-2 Family Dwelling

**Owner Information**

Onsite Homes LLC  
2919 Breezewood Ave  
Ste 300  
Fayetteville, NC 28303  
United States  
Email: [travinalove@onsitehomesnc.com](mailto:travinalove@onsitehomesnc.com)  
Phone: 910-745-0001

**Date of First Furnishing**

09/25/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384