

09/09/11

Application #

43959

Harnett County Central Permitting
PO Box 66 Lillington NC 27546
910 893 7525 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 7.11.18
Site Address _____ Phone 910-745-0001
Directions to job site from Lillington Left onto NC-217N, rt onto Old Cut off Rd,
rt onto Iris Bryant Rd, rt onto chicoce Rd, rt onto
Salt market St, left onto Armstrong St, continue onto
Subdivision _____ Lot _____ River bluff
Description of Proposed Work Single family Dwelling # of Bedrooms 5
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab X

General Contractor Information

onsite Homes LLC 910-745-0001
Building Contractor's Company Name Telephone
2919 Breezewood Ave STE 400 Fayetteville NC 28303 ansett@rahill@onsitehomesnc.com
Address Email Address
73671-11

Electrical Contractor Information

Description of Work SFD Electrical Service Size 200 Amps T-Pole Yes No
Southern Pride Electrical 919-750-9436
Electrical Contractor's Company Name Telephone
370 Slapout Rd. Mt. Olive southernpride.mp@gmail.com
Address Email Address
29072

Mechanical/HVAC Contractor Information

Description of Work HVAC for SFD
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
P.O. Box Hope Mills, NC 28348 ehcin.certified@gmail.com
Address Email Address
20012

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 4
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pine Rd. Fayetteville, NC vtoepfer@vjplumbing.com
Address Email Address
07756 P1

Insulation Contractor Information

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

*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 \$160 00 After 2 years re-issue fee is as per current fee schedule

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

7.11.18
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 Thord Date 7.11.18
Production & QA manager