

09/09/11

Application #

18-50044061

Harnett County Central Permitting

PO Box 65 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 7-3-2018
Site Address 45 Brock RD Phone 910-745-0001
Directions to job site from Lillington 2105 to Eliot Bridge S to McLean Chapel Church RD / Brock RD

Subdivision _____ Lot 9
Description of Proposed Work Single Family Dwelling # of Bedrooms 4
Heated SF 2519 Unheated SF 1000 Finished Bonus Room? no Crawl Space _____ Slab x

General Contractor Information

Onsite Homes LLC 910-745-0001
Building Contractor's Company Name Telephone
2919 Brezewood ne st 300 Fayette 28303 Kristin Jordan @ onsite
Address Email Address
736714 hmosnc.com
License # _____

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 Montolive NC SouthernPride.mpc@
Address Email Address
24726 28365 Gmail.com
License # _____

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 2.5
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pine Rd Fayette 28306 Etoepfer @ Vjplumbing
Address Email Address
07786-A .com
License # _____

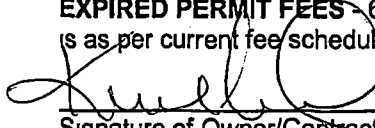
Insulation Contractor Information

Tri-City 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 \$150 00 After 2 years re-issue fee is as per current fee schedule



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

7-3-2018

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

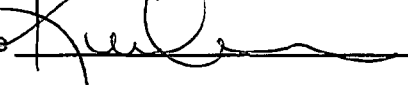
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 (Kierstin Nordan)

Sign w/Title  _____ Date 7-3-2018


DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 879627

Filed on: 07/03/2018

Initially filed by: travina1

<p>Designated Lien Agent</p> <p>First American Title Insurance Company</p> <p>Online: www.liensnc.com (http://www.liensnc.com)</p> <p>Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601</p> <p>Phone: 888-690-7384</p> <p>Fax: 913-489-5231</p> <p>Email: support@liensnc.com (mailto:support@liensnc.com)</p>	<p>Project Property</p> <p>45 Brock Rd Bunnlevel, NC 28323 Hamett County</p>	<p>Print & Post</p>  <p>Contractors: Please post this notice on the Job Site.</p> <p>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.</p>
<p>Owner Information</p> <p>Onsite Homes LLC 2919 Breezewood Ave Ste 300 Fayetteville, NC 28303 United States Email: travinalove@onsitehomesnc.com Phone: 910-745-0001</p>	<p>Property Type</p> <p>1-2 Family Dwelling</p> <p>Date of First Furnishing</p> <p>12/03/2018</p>	

View Comments (0)

Technical Support Hotline: (888) 690-7384