

* 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 05/16/23
Site Address: 97 Sawyer Mill Drive	Phone (919)813-0123
Subdivision: Mason Landing	Lot _4
Description of Proposed Work: single family residential	Total Job Cost \$180,000
General Contractor Information	n
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 1798 GARAGE SO	Q F 1423
License #	
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
	duling.ogilvieelectric@gmail.com
Address	Email Address
17046	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work new single family residential Carolina Comfort	
Carolina Comiori	(919)550-7111
Mechanical Contractor's Company Name	Telephone
PO Box 190, Clayton, NC 27528	
Address	Email Address
31589	
License #	
Plumbing Contractor Informatio	_
Description of Work new single family residential	_# Baths_ 2.5
Thornton's Plumbing	(919)550-4833
Plumbing Contractor's Company Name	Telephone
3160-A Vinson Road, Clayton, NC 27527	-
Address	Email Address
22152	
License # Insulation Contractor Informatio	n
TriCity - 7204 Becky Circle, Raleigh, NC 27615	<u></u> (919)825-3857
Insulation Contractor's Company Name & Address	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.

05/16/23		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner X Officer/Agent of the Contractor or Ov	wner	
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.		
$\overline{\text{them.}}$ 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: 05/16	6/23	