

Application #	
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* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

n on license.	Date: 6/27/2023
Owner's Name: Onsite Homes LLC	910-745-0001
Site Address: TBD Lemuel Black Road	Phone:
Subdivision: N/A	Lot:
Description of Proposed Work: Single Family Residential	
Onsite Homes LLC	on 910-745-0001
Building Contractor's Company Name 2931 Breezewood Ave Ste 202 Fay NC 28303	Telephone LeannaHair@onsitehomesnc.con
Address 73671-U	Email Address
License #	
Description of Work Electrical Service Size	
Electrical Contractor's Company Name 409 Chatham Street Sanford, NC 27330	Telephone marshallPope74@gmail.com
Address 21326L	Email Address
License # Mechanical/HVAC Contractor Info	rmation
Description of Work HVAC	010.050.0000
Certified Heating and Air	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills NC 28348	ehrin.certified@gmail.com
Address	Email Address
20012 License #	d
Plumbing Contractor Informa	
Description of Work Plumbing Titan's Plumbing	# Baths 2.5 919-902-0990
Plumbing Contractor's Company Name	Telephone
1634 Brook Fern Way Raleigh, NC 27609 Address	business@titansplumbing.com Email Address
24800 License # Insulation Contractor Informa	ition
y and the state of	910-486-8855
Tricity Insulation Bldg 334 E Mountain Dr Fay NC 28306	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 bermission 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.

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Signature of Owner/Contractor/Officer(s) of Corporation Bate		
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 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.		
Sign w/Title: Date: 6/27/2023		