

Application #

Harnett County Central Permitting

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

Application for Residential Building and Trades Permit

Owner's Name: 3M Developers,LLC.	Date 6/04/2024	
Site Address: 2937 Lemuel Blakc Road	Phone 910-745-0001	
Subdivision: Lemuel Black Minor	Lot 1	
	Total Job Cost 170,667	
General Contractor Information		
nsite Homes, LLC. 910-745-0001		
Building Contractor's Company Name	Telephone	
2391 Breezewood Ave. Ste. 202 Fay, NC 28303	LeannaHair@Onsitehomesnc.com	
Address	Email Address	
73671-U HEATED SQ FT GARAGE SQ) FT	
License #	<u> </u>	
Electrical Contractor Information		
·	200 Amps T-Pole: X Yes No	
J.M. Pope Electric	910-890-3655	
Electrical Contractor's Company Name	Telephone	
409 Chatham Street Sanford, NC 27330	MarshallPope74@gmail.com	
Address	Email Address	
21326L		
License # Mechanical/HVAC Contractor Inform	ation	
' -	<u>ation</u>	
Description of Work HVAC	040.050.0000	
Certified Heating & 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 #	_	
Plumbing Contractor Information		
Description of Work Plumbing	_# Baths 2.5	
Titan Plumbing Company	919-902-0990	
Plumbing Contractor's Company Name	Telephone	
1634 Brook Fern Way Raleigh, NC 27609	Business@titansplumbing.com	
Address	Email Address	
34800		
License #	_	
Insulation Contractor Informatio	_	
Tricity Insulation & Bldg 334 E Mountain Dr. Fay, NC 28306	910-486-8855	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Telephone

Insulation Contractor's Company Name & Address



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.

Leanna Hair Signature of Owner/Contractor Office		06/04/2024 Date		
Affidavit for	Worker's Com	pensation N.C.G.S	. 87-14	
The undersigned applicant being the:				
General Contractor	Owner XX	_ Officer/Agent of the Co	ontractor 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:				
XX 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.				
$\frac{XX}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance				
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: Leanna Hair	/ Production Co	oordinator	_ Date: 6/04/2024	