



Application # \_\_\_\_\_

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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Onsite Homes LLC Date: 8/28/2024  
Site Address: 2885 Lemuel Black Road Phone: 910-745-0001  
Subdivision: N/A Lot: 1  
Description of Proposed Work: Single Family Residential

**General Contractor Information**

Onsite Homes LLC 910-745-0001  
Building Contractor's Company Name Telephone  
2931 Breezewood ave Ste 202 Fay NC 28303 leannahair@onsitehomesnc.com  
Address Email Address  
73671-U

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Electrical Service Size: 200 Amps T-Pole:  Yes  No  
JM Pope Electric, LLC. 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 Information**

Description of Work HVAC 910-858-0000  
Certified Heating and Air  
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's Plumbing 919-902-0990  
Plumbing Contractor's Company Name Telephone  
1634 Brook Fern Way Raleigh, NC 27609 rociomencia@titansplumbing.com  
Address Email Address  
34800

License # \_\_\_\_\_

**Insulation Contractor Information**

255 Old Mintz Hwy Roseboro NC 910-486-8855  
Insulation Contractor's Company Name & Address Telephone  
7269

**\*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.**

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

8/28/2024  
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: Leanna Hair / Production Coordinator    Date: 8/28/2024