



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/occupier 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 3/22/24

Site Address: TBD Susie Circle Cameron, NC 28326 Phone 910-745-0001

Subdivision: Spartans Ridge Lot G2

Description of Proposed Work: Single Family Residential Total Job Cost 190,041

General Contractor Information

Onsite 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 2353

GARAGE SQ FT 388

License #

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: 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 Information

Description of Work HVAC

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 Information

Tricity Insulation & Bldg 334 E Mountain Dr. Fay, NC 28306 910-486-8855

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.

Leanna Hair

3/22/2024

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 XX 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:

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.

XX 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: 3/22/2024