



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 3/26/24
Site Address: 22 Peach Orchard Lane Phone 910-745-0001
Subdivision: Peach Orchard Lot 1
Description of Proposed Work: Single Family Residential Total Job Cost 178,834

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** 2150 **GARAGE SQ FT** 452
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

3/26/24

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: 3/26/24