

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

* 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: Onsite Homes, LLC.	Date _5/7/24
Site Address: 84 Peach Orchard Lane	040 745 0004
·	1 110110
Subdivision: Peach Orchard	Lot 4
Description of Proposed Work: Single Family Residential	Total Job Cost <u>167,934</u>
General Contractor Information	<u>on</u>
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 1860 GARAGE :	SQ FT 506
License #	
Description of Work Electrical Electrical Service Size	
•	e: <u>200</u> Amps T-Pole: <u>X</u> Yes <u>No</u> 910-890-3655
J.M. Pope Electric Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford, NC 27330	MarshallPope74@gmail.com
Address	Email Address
21326L	Elliali Address
License #	
Mechanical/HVAC Contractor Info	rmation
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 Informat	<u>tion</u>
Description of Work Plumbing	# Baths 2
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 Informat	
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.

5/7/2024

Date

Leanna Hair

Signature of Owner/Contractor Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
XX General Contractor XX 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: 5/7/2024	