



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Fly Rite LLC Date 4-2-25
Site Address: TBD Susie Circle, Cameron, NC 28326 Phone 910-745-0001
Subdivision: Spartans Ridge Lot B
Description of Proposed Work: Single Family Residential Total Job Cost 250,839

General Contractor Information

Onsite Homes, LLC 910-745-0001
Building Contractor's Company Name Telephone
2391 Breezewood Ave. Ste. 202, Fayetteville, NC 28303 hollywingard@onsitehomesnc.com
Address Email Address
73671-U **HEATED SQ FT** 3090 **GARAGE SQ FT** 520
License # _____

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: x Yes ___ No
J.M. Pope Electric 910-890-3655
Electrical Contractor's Company Name Telephone
409 Chatam Street 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 3.5
Titan's Plumbing, LLC 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 Mountian Dr., Fayetteville, 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.

Holly Wingard
Signature of Owner/Contractor/Officer(s) of Corporation

4-2-25
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: Holly Wingard / Permitting Coordinator Date: 4-2-25