

df Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Jaramillo, Edward	Date <u>01/07/2022</u>
Site Address: 31 Tylerstone Dr, Fuquay Varina, NC 27526 Phone	
Subdivision: n/a	Lot n/a
Description of Proposed Work: <u>Installation of 16 SunPower 425 panel r</u>	
microinverters, into a junction box, into a new load center, to a PV produ	•
safety switch (60A), interconnected to the meter/main. Total Job Co	
General Contractor Information	
Cate Associate dba Yes Solar Solutions- Stew Miller	9194594158
Building Contractor's Company Name	Telephone
202 N Dixon Ave, Cary NC, 27513	permits@yessolarsolutions.com
Address	Email Address
67356	
License # Electrical Contractor Information	•
<u>Liectrical Contractor information</u>	<u>u</u>
Description of Work: <u>Installation of 16 SunPower 425 panel mods, 16 En</u>	phase IQ7HS microinverters, into a
junction box, into a new load center, to a PV production meter, through a	a utility lockable safety switch (60A),
interconnected to the meter/main. Service Size: 6.8 Amps T-Pole:\	⁄ esNo
Cates Associates dba Yes Solar Solutions -August Conlin	9196996154
Electrical Contractor's Company Name	Telephone
202 N Dixon Ave, Cary NC, 27513	aconlin@yessolarsolutions.com
Address	Address
	Address
32326 License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work	
Markania di Cantra da da Canna ann Nama	Talanhana
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	



Plumbing Contractor Information

Description of Work	# Baths				
Plumbing Contractor's Company Name	Telephone				
Address	Email Address				
Address	Elliali Addless				
License #					
Insulation Contractor Information					
Insulation Contractor's Company Name & Address	Telephone				
	·				
*NOTE: General Contractor / owner must fill out and sig	n the second page of this application.				
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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 fe is as per current fee schedule.	ee is \$150.00. After 2 years re-issue fee				
DocuSigned by:					
Hunter Millard	1/13/2022				
Signature of Owner/Contractor/Officer(s) of Corporation	Date				
Affidavit for Worker's Compensat	tion N.C.G.S. 87-14				
The undersigned applicant being the:					
x General Contractor Owner Officer/	Agent of the Contractor or Owner				
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	irm(s) or corporation(s) performing the work				
x Has three (3) or more employees and has obtained worke	ers' compensation insurance to cover them.				
Has one (1) or more subcontractors(s) and has obtained withem.	vorkers' compensation insurance to cover				
Has one (1) or more subcontractors(s) who has their own provering themselves.	policy of workers' compensation insurance				
Has no more than two (2) employees and no subcontracto	rs.				
While working on the project for which this permit is sought it is un Department issuing the permit may require certificates of coverag to issuance of the permit and at any time during the permitted wo carrying out the work.	ge of worker's compensation insurance prior				

DocuSigned by:



Sign w/Title:	Hunter Millard	Project Manager	1/13/7 Date:	2022
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