

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

| Owner's Name: GreenGo Energy | Date: 11/21/2018 | |
|--|-----------------------------------|--|
| Site Address: 447 Sheriff Johnson Road, Lillington, NC 27546 | Phone: (704) 712-9794 | |
| Description of Proposed Work: Solar Farm | | |
| General Contractor Information: Building Cost \$ 554,040.00 | | |
| Reach Construction Group | (919) 267-9935 | |
| Building Contractor's Company Name | Telephone | |
| 2400 Reliance Ave, Apex, NC 27539 | j.martin@reachconstruct.com | |
| Address | Email Address | |
| | 73359 | |
| Signature of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical Cost \$ | | |
| Description of Work Solar Farm Service Size: N/A | | |
| Directional Services Inc. | (910) 612-2213 | |
| Electrical Contractor's Company Name | Telephone | |
| 4830 US Hwy 301 S, Hope Mills, NC 28348 | z.bullock@directionalservices.net | |
| Address | Email Address | |
| 2. C. Rullod | 28318-U | |
| Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical Cost | License # st \$ | |
| Description of Work | # Units | |
| | | |
| Mechanical Contractor's Company Name | Telephone | |
| Address | Email Address | |
| Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ | License # | |
| Description of Work | # Baths | |
| Plumbing Contractor's Company Name | Telephone | |
| Address | Email Address | |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # | |
| Insulation Contractor Information | | |
| Insulation Contractor's Company Name & Address | Telephone | |

*NOTE: General Contractor must fill out and sign the second page of this application



| Sprinkler Contractor Information | | |
|--|--------------------------------|--|
| Sprinkler Contractor's Company Name | Telephone | |
| Address | Email Address | |
| Signature of Officer(s) of Corporation | License # | |
| Fire Alarm Contractor Information | | |
| Fire Alarm Contractor's Company Name | Telephone | |
| Address | Email Address | |
| Signature of Officer(s) of Corporation | License # | |
| Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No | | |
| Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> 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 charged at full price per current fee schedule. | | |
| 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: | | |
| | ent 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: | | |
| 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. | | |
| 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: | Date: | |