



Application # ERES1811-0040

Initial Application Date: 11/27/18

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

Jeffrey  
LANDOWNER: Deborah McGriff Mailing Address: 282 Juno Drive  
City: Broadway State: NC Zip: 27505 Contact No: 919-498-6852 Email: \_\_\_\_\_

APPLICANT\*: Peter Denicola Mailing Address: 919 Main street  
City:  Mooresville State: NC Zip: 28115 Contact No: 704-635-2144 Email: Bphifer@powerhome.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brooke Phifer Phone # 704-635-2144  
ADDRESS: 282 Juno Dr. PIN: 9597-34-8462-000  
DEED OR OTP: 2964/864

**PROPOSED USE:**

- SFD: (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ Basement (w/wo bath):  Garage:  Deck:  Crawl Space:  Slab:  Monolithic Slab:   
(Is the bonus room finished?  yes  no w/ a closet?  yes  no (if yes add in with # bedrooms)
- Mod: (Size \_\_\_\_x\_\_\_\_) # Bedrooms \_\_\_\_ # Baths \_\_\_\_ Basement (w/wo bath)  Garage:  Site Built Deck:  On Frame  Off Frame   
(Is the second floor finished?  yes  no Any other site built additions?  yes  no
- Manufactured Home:  SW  DW  TW (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ Garage:  (site built?  Deck:  (site built?
- Duplex: (Size \_\_\_\_x\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_x\_\_\_\_) Use: Solar Array Closets in addition?  yes  no

Water Supply: \_\_\_\_ County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) **\*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)**

Sewage Supply: \_\_\_\_ New Septic Tank \_\_\_\_ Expansion \_\_\_\_ Relocation \_\_\_\_ Existing Septic Tank \_\_\_\_ County Sewer  
**(Complete Environmental Health Checklist on other side of application if Septic)**

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above?  yes  no

Does the property contain any easements whether underground or overhead  yes  no

Structures (existing or proposed): Single family dwellings: Solar Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

POG \_\_\_\_\_ 11/21/2018  
Signature of Owner or Owner's Agent Date

**\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\***

**\*This application expires 6 months from the initial date if permits have not been issued\*\***

**APPLICATION CONTINUES ON BACK**

strong roots • new growth

strong roots • new growth

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)**

Owner (s) of Structure: Deborah McGriff Phone: 919-498-6852

Owner (s) Mailing Address: 282 Juno Drive  
Broadway NC 27505

Land Owner Name (s): Deborah McGriff Phone: 919-498-6852

Construction or Site Address: 282 Juno Drive Broadway NC 27505

PIN # \_\_\_\_\_ Parcel # 03-9576-0088-47

Job Cost: 18,453.00 Description of Work to be done 11 panels roof mounted modules, grid tied 3.36KW solar installation on existing residence

Mechanical: New Unit With Ductwork  New Unit Without Ductwork  Gas Piping  Other

Electrical\*: 200 Amp  <200 Amp  Service Change  Service Reconnect  Other

\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap  Number of Baths  Water Heater

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

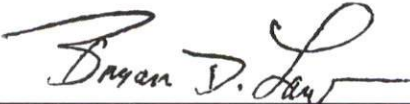
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Bryan Law will provide the Construction labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 26074-U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Power Home Solar  
Contractor's Company Name  
Bryan Law  
Address  
3583553  
License #

704-635-2144  
Telephone  
bphifer@powerhome.com  
Email Address

Structure Owner / Contractor Signature:  Date: 11/21/2018

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

**\*Company name, address, & phone must match information on license**



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

DATE (MM/DD/YYYY)

10/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| PRODUCER<br>Lockton Companies<br>3280 Peachtree Road NE, Suite #250<br>Atlanta GA 30305<br>(404) 460-3600 | CONTACT NAME:                 |                                    |
|   | PHONE (A/C, No, Ext):         | FAX (A/C, No):                     |
| INSURED<br>1452481<br>Power Home Solar, LLC<br>919 N. Main street<br>Moorseville, NC 28115                | E-MAIL ADDRESS:               |                                    |
|   | INSURER(S) AFFORDING COVERAGE |                                    |
|   | INSURER A:                    | United Specialty Insurance Company |
|   | INSURER B:                    | Ohio Security Insurance Company    |
|   | INSURER C:                    | Everest National Insurance Company |
|   | INSURER D:                    |                                    |
|   | INSURER E:                    |                                    |
|   | INSURER F:                    |                                    |

**COVERAGES**                      **CERTIFICATE NUMBER:** 15679078                      **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Deductible \$5,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: Policy Agg. \$10,000,000 | N         | N        | ATNATL1811598 | 10/3/2018               | 11/15/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY   | N         | N        | BAS1957197072 | 1/1/2018                | 1/1/2019                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$0  | N         | N        | EBU020619044  | 10/3/2018               | 11/15/2019              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$ XXXXXXXX  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | EN4WC00157181 | 10/17/2018              | 11/15/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| C        |  |           |          | EN4WC00157182 | 11/15/2018              | 11/15/2019              |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

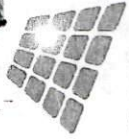
**15679078**  
Proof of Insurance

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
*[Signature]*

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**POWERHOME**  
**S O L A R**™

power your future.

919 North Main Street • Suite 200  
Mooresville, NC 28115  
800-SOLAR-11 • 704-800-6061  
[www.powerhome.com](http://www.powerhome.com)

To Whom It May Concern,

Please see the permit application and supporting documents for a residential solar install.  
Can you kindly either email [bphifer@powerhome.com](mailto:bphifer@powerhome.com) or call 704-635-2144 to let us know  
you have received or if you are needing anything else for approval.

Thank you,

Brooke Phifer

Power Home Solar, LLC

NC OFFICE: 919 N. MAIN STREET, MOORESVILLE, NC, 28115