



Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name: Jeffrey Sowell Date: 12/19/18
Site Address: 2861 US-401 Lillington, NC 27546 Phone: 910-514-1979
Subdivision: _____ Lot: _____

Description of Proposed Work: 10 roof mounted modules, grid tied, 3.05 kW solar installation on existing residence.

General Contractor Information

Power Home Solar - Peter Denicola 704 635 2144
Building Contractor's Company Name Telephone
919 N. Main Street Mooresville, NC 28115 bphiker@powerhome.com
Address Email Address
CE0946
License # POG

Electrical Contractor Information

Description of Work 10 roof mounted modules grid tied Service Size: _____ Amps T-Pole: Yes No
Power Home Solar - Bryan Douglas Law 704 635 2144
Electrical Contractor's Company Name Telephone
919 N. Main Street Moore bphiker@powerhome.com
Address Email Address
26074-U
License # Bryan D. Law

Mechanical/HVAC Contractor Information

Description of Work _____
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 _____
License # _____

Insulation Contractor Information

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.

POG Bryan D. Law 12/19/18

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:

General Contractor Owner 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:

- 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: *POG Bryan D. Law Agent / Producer* Date: *12/19/18*

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

Owner (s) of Structure: Jeffrey Sowell Phone: 910 514 1979

Owner (s) Mailing Address: 2861 US- 401

Land Owner Name (s): Jeffrey Sowell Phone: 910 514 1979

Construction or Site Address: 2861 US- 401

PIN # _____ Parcel # 1005580083

Job Cost: \$14,400.00 Description of Work to be done 10 roof mounted modules, grid tied, 3.05 kW 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:

Head west on E Front St toward S 1st St, Turn left onto US-401 S/S Main St.

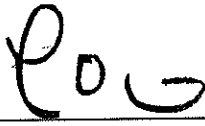
Subdivision: _____ Lot #: _____

I Peter Denicola will provide the General Contractor labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 60946, 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
919 N Main Street
Address
60946
License # _____

704 635 2144
Telephone
bphifer@powerhome.com
Email Address

Structure Owner / Contractor Signature:  Date: 12-19-18

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**