

Application # ERES 1961-000

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

Application for Residential Building and Trades Permit

Owner's Name: Oevald Lawrence	Date: 12 / 27 / 18
Owner's Name: Devald Lawrence Site Address: 156 Wendy LW. 1RA-20M	Phone: 919 632 6907
Subdivision: 28 ground mounted madule, axid hice	d 8.54k4Lot:
Description of Proposed Work: Solar installation on exist	na residence
General Contractor Information	
Building Contractor's Company Name	704 635 2144
Building Contractor's Company Name	Tou (0357 144) Telephone
919 N. Main street mouresvipa, NC 28115	Enail Address
Address U 6944	Email Address /
License #	
Electrical Contractor Informatio	<u>n</u>
Description of Work 20 ground munical productive Service Size:	
Description of Work 28 ground munical module Service Size: Source France Contractor Information	Telephone
919 N. Main Struck Mourerville, N. 2015	habita parenta
Address	Email Address Powerhome Con
24074-4 Bayan D. Jaw	
License # Mechanical/HVAC Contractor Inform	antion
	iation
Description of Work	
Mechanical Contractor's Company Name	Telephone
	1,000,000
Address	Email Address
11:	
License # Plumbing Contractor Informatio	n
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
	11
Address	Email Address
License #	
Insulation Contractor Information	<u>n</u>

*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.

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

Dayan J. Jan

		vit for Worker	's Com	pensation N	I.C.G.S.	87-14	
The undersi	gned applicant be	ing the:					
Ge	neral Contractor	Owner		_ Officer/Agent	of the Cor	ntractor or O	wner
Do hereby o set forth in t	onfirm under pen he permit:	alties of perjury th	at the pe	erson(s), firm(s)	or corpora	ation(s) perfo	rming the work
Has	three (3) or more	employees and ha	as obtain	ed workers' con	npensation	n insurance t	o cover them.
Has	one (1) or more su	ibcontractors(s) a	nd has o	btained workers	s' compens	sation insura	ance to cover
Has o	one (1) or more su emselves.	ibcontractors(s) w	ho has t	heir own policy	of workers	s' compensat	tion insurance
Has	no more than two	(2) employees an	d no sub	contractors.			
Department	ng on the project to issuing the permit of the permit and	t may require cert	ificates o	of coverage of w	orker's co	mpensation	insurance prior
carrying out			, and poin	miled Work Hori	i any poro	,	orporation.
,	+	Dia				Date: 2	177/16
Sign w/Title	. \					Date: C	61110

June Doller & Co. S

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PROJECT DESCRIPTION:

28 x MISSION SOLAR MSE305SQ5T MODULES GROUND MOUNTED SOLAR PHOTOVOLTAIC MODULES SYSTEM SIZE: 8.54 kW DC STC

ARRAY AREA:ROOF #1- 500.92 SQ FT.

EQUIPMENT SUMMARY

MISSION SOLAR MSE305SQ5T MODULES

SOLAREDGE POWER OPTIMIZER P320

SOLAREDGE SE7600H-US INVERTER

APPLICABLE CODES & STANDARDS

BUILDING: IBC 2012 IRC 2012 ELECTRICAL: NEC 2017

DESIGN SPECIFICATION

OCCUPANCY: II

CONSTRUCTION: SINGLE-FAMILY

ZONING: RESIDENTIAL

GROUND SNOW LOAD: 20 PSF

WIND EXPOSURE: B

WIND SPEED: 120 MPH

AUTHORITIES HAVING JURISDICTION

BUILDING: HARNETT COUNTY ZONING: HARNETT COUNTY

UTILITY: DUKE ENERGY

DISTRICT RA-20R USE Grand Mant SITE PLAN APPROVAL

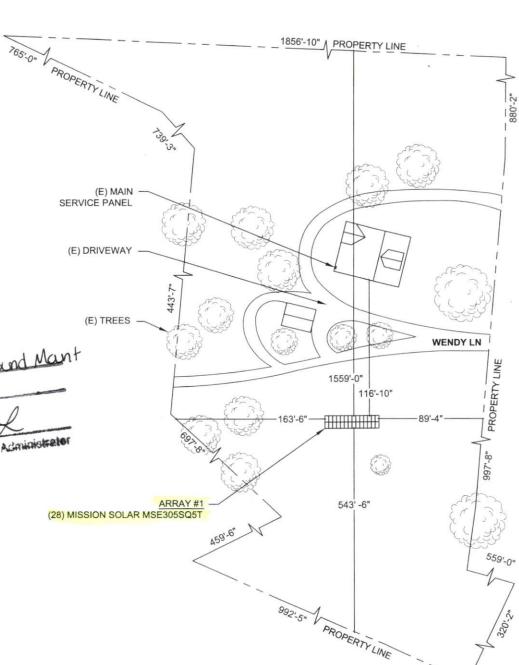
PV-1

Zoning Administrator

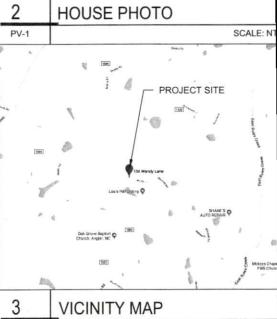
PLOT PLAN WITH ROOF PLAN

SCALE: 1/64" = 1'-0"

NOTE: GROUNDMOUNT LOCATION TBD ON-SITE







SCALE: NT

PV-1

SHEET INDEX PLOT PLAN & VICINITY MAP

PV-1 PV-2 **ROOF PLAN & MODULES** PV-2A STRING LAYOUT PV-3 **GROUNDING DETAILS** PV-3A **GROUNDING DETAILS**

PV-4 ELECTRICAL LINE DIAGRAM PV-5 WIRING CALCULATIONS

SOLAREDGE OPTIMIZER CHART PV-6 PV-7 to 10 EQUIPMENT SPECIFICATIONS



919 North Main Street • Suite 200 Mooresville, NC 28115 800-SOLAR-11 • 704-800-6239 www.powerhome.com

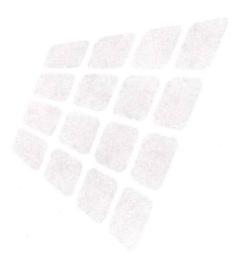
To Whom It May Concern:

Please see our package with our BUILDING & ELECTRICAL permit applications. Can you please so kindly respond with an email, advising that you have received our package to bphifer@powerhome.com

Thank you,

Our Permitting Team at Power Home Solar Brooke Phifer

NC OFFICE: 919 N Main Street, Mooresville, NC 28115





CERTIFICATE OF LIABILITY INSURANCE

1/1/2019

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).

tillo oci	timoute does not come in	gints to the certificate notice in he	d of such endorsement(s).			
PRODUCER	Lockton Companies		CONTACT NAME:			
	3280 Peachtree Road NE,	Suite #250	PHONE (A/C, No, Ext):			
	Atlanta GA 30305 (404) 460-3600		(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
	(101) 100 3000		INSURER(S) AFFORDING COVERAGE			
			INSURER A : United Specialty 1	12537		
INSURED	Power Home Solar, LLC		INSURER B: Ohio Security Insurance Company 240			
1452481	919 N. Main street		INSURER C: Everest National Insurance Company			
	Moorseville, NC 28115		INSURER D:			
			INSURER E:			
			INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 15679078

REVISION NUMBER: XXXXXXX

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

POLICY EFF | POLICY EXP

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X	CLAIMS-MADE X OCCUR	N	N	ATNATL1811598	10/3/2018	11/15/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000
	X	Deductible \$5,000						MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X	OTHER: Policy Agg. \$10,000,000)						\$
В	AUT	OMOBILE LIABILITY	N	N	BAS1957197072	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ XXXXXXX
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
									\$ XXXXXXX
A		UMBRELLA LIAB X OCCUR	N	N	EBU020619044	10/3/2018	11/15/2019	EACH OCCURRENCE	\$ 5,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED X RETENTION\$ \$0							\$ XXXXXXX
C		RKERS COMPENSATION EMPLOYERS' LIABILITY		N	EN4WC00157181	10/17/2018	11/15/2019	X PER OTH-	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A		EN4WC00157182	11/15/2018	11/15/2019	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
15679078 Proof of Insurance	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 Was full to the second s
	A 4000 COAM A CORD CORDODATION AND INC.

LICENSE NUMBER U.26074

STATE OF NORTH CAROLINA BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

EXPIRATION DATE 04/15/2019

THIS IS TO CERTIFY THAT:

Power Home Solar LLC

Bryan Douglas Law

is duly registered and entitled to practice Electrical Contracting in the Unlimited Classification License Limitation: Any project regardless of value

Power Home Solar LLC 919 N. Main Street Mooresville, NC 28115 Witness our hands and seal of the Board

) . A . Chairman

Secretary - Treasurer

2016

Farth Caralina

60946

Licensing Board for General Contractors

This is to Certify That:

ResComm Development, L.L.C., T/A
Power Home Solar
Mooresville, NC

is duly registered and entitled to practice

General Contracting

Limitation: Unlimited Classification: Building



December 31, 2016

when this Certificate expires. Witness our hands and seal of the Board. Dated, Raleigh, N.C.

> March 22, 2016 This certificate may not be altered.

Allen Hambell

C. Frank Wiesner

Berretary-Treasurer

