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Application # FRESIGO2.0008

* 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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Gerardo Rodriguez	Date: <u>1/30/19</u>
Site Address: 271 Falls Creek Drive	Phone: 910 622 4411
Subdivision:	Lot:
Description of Proposed Work: 16 roof mounted modules, gird tied, 4	4.80 kW solar installation on existing
General Contractor Informat	
Power Home Solar- Peter Denicola	704 635 2144
Building Contractor's Company Name	Telephone
919 N Main Street Mooresville, NC 28115	bphifer@powerhome.com
Address	Email Address
60946	
License #	
<u>Electrical Contractor Informa</u> Description of Work 16 roof mounted modules, grid tied Service Siz	
Power Home Solar- Bryan Douglas Law	704 635 2144
Electrical Contractor's Company Name	Telephone
919 N main Street	bphifer@powerhome.com
Address	Email Address
26074-u	
26074-u License # Dayan D. Jan	
Mechanical/HVAC Contractor Info	ormation_
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	A!
Plumbing Contractor Informa	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Informa	<u>etion</u>
· · · · · · · · · · · · · · · · · · ·	
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.

changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of 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. 1/30/19 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. General Contractor Sian w/Title: