

09/09/11

Application #

PRES1905-0008

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

Application for Residential Building and Trades Permit

Owner's Name Frank Castaneda Date _____
Site Address 284 Perry Rd Phone 919-935-4357
Directions to job site from Lillington _____

Subdivision _____
Description of Proposed Work Roof mount Solar + swap WH tank Lot # _____
of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

SolarTime Telephone 804 271 2500
Building Contractor's Company Name _____
16710 Jeff Davis Hwy Address _____
73536 License # _____
Email Address Solarproduction2013@gmail.com

Electrical Contractor Information

Description of Work wire solar Service Size _____ Amps T-Pole _____ Yes _____ No _____
CEMCO Telephone 910 471 8229
Electrical Contractor's Company Name _____
132 Mendenhall Dr Address _____
23104-I License # _____
Email Address cemco@trvc.com

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work swap WH tank # Baths _____
CEPS Telephone 704-681-4452
Plumbing Contractor's Company Name _____
3366 Poplar Tent Address _____
28556 License # _____
Email Address samcgers@yahoo.com

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE General Contractor 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

B. Pittman
Signature of Owner/Contractor/Officer(s) of Corporation

5/6/19
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

Company or Name SolarTime

Sign w/Title B. Pittman, Prod Mgr

Date 5/6/19