

09/09/11

Application #

ERES19108-0028

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 Richard Blair Date 8/12/19
Site Address 1161 Carr Well Dr Benson, NC Phone 919-820-7128
Directions to job site from Lillington _____

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

General Contractor Information

SolarTyme Telephone 804-271-2500
Building Contractor's Company Name _____
6710 Jeff Davis Hwy Richmond, VA 23231 Email Address solarproduction2013@gmail.com
Address 73536
License # _____

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 _____
PO Box 11136 W.ilmington NC Email Address cemco@twc.com
Address 23104-I
License # _____

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 704-1081-4452
Plumbing Contractor's Company Name _____
33106 Poplar Tree Rd Concord Email Address samceps@yahoo.com
Address 28556
License # _____

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

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

8/12/19
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 _____

Sign w/Title _____ Date _____