



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: Renee and Keith Vest Date: 8/16/19

Site Address: 103 Trophy Ridge Fuquay-Varina, NC 27526 Phone: (919) 665-8230

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: roof-mounted 8.68 kW solar PV system consisting of 28 modules and 1 inverter

**General Contractor Information**

Southern Energy Management, Inc 919-836-0330

Building Contractor's Company Name Telephone

5908 Triangle Dr Raleigh, NC 27617 solaradmin@southern-energy.com

Address Email Address

69072 U

License #

**Electrical Contractor Information**

Description of Work roof-mounted solar PV system Service Size: 240 Amps T-Pole:  Yes  No

Southern Energy Management, Inc 919-836-0330

Electrical Contractor's Company Name Telephone

5908 Triangle Dr Raleigh, NC 27617 solaradmin@southern-energy.com

Address Email Address

32733 L

License #

**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.**

DocuSigned by:  8/16/2019  
Signature of Owner/Contractor/Officer(s) of Corporation Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

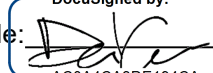
The undersigned applicant being the:

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.

DocuSigned by:  Operations Manager Date: 8/16/2019  
Sign w/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
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