OPT Z



Initial Application Date: 10/23/2019

Application # ERESIGII - 2037

COUNTY OF HARNETT RESIDENTIAL LAND USE API Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext.:	PLICATION 2 Fax: (910) 893-2793 www.harnett.org/permits	
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQU	JIRED WHEN SUBMITTING A LAND USE APPLICATION	
LANDOWNER: Johnson, Leland Mailing Address: 7695 I	NC 27 W	
City: Lillington State: NC Zip: 27546 Contact No: 919-721-82		
APPLICANT*: Mary-Margaret Hertz - Yes Solar Solutions Mailing Address: 202 N Dixon Average City: Cary State: NC Zip: 27513 Contact No: 919-459-41 ADDRESS: 7695 NC 27W, Lillington, NC 27546 PIN: 0528-01-9 Zoning: RA-30 Flood: Minimal Watershed: NO Deed Book / Page: 3410:0314	hertz@yessolarsolutions.com 9452.000	
Setbacks - Front: 236'11" Back: 511'6" Side: Corner:		
PROPOSED USE:		
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: (Is the bonus room finished? () yes () no w/ a closet? () yes ()		
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Fra		
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage	e:(site built?) Deck:(site built?)	
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:	
Addition/Accessory/Other: (Size 10.82 x 38.08) Use: (24) rooftop solar panels for 7,4	40WP DC Closets in addition? () yes (X) no	
Water Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply:New Septic TankExpansionRelocationExisting Septic TankCounty Sewer (Complete Environmental Health Checklist on other side of application if Septic) Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no		
Does the property contain any easements whether underground or overhead () yes (_X) no	-	
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify): Rooftop solar system	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.		
A	Date n about the subject property, including but not limited bunty or its employees are not responsible for any assemblications.***	

APPLICATION CONTINUES ON BACK



Application # FRES1911-0037

* 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: Johnson, Leland		Date: 10/23/2019
Site Address: 7695 NC HWY 27W, Lillington, NC 27546		
Subdivision:		
Description of Proposed Work: Installation of (24) rooftop solar modules	0	
General Contractor Information		
Cate Associates dba Yes Solar Solutions	919-459-4155	
Building Contractor's Company Name	Telephone	
The state of the s		arsolutions.com
Address	Email Address	
67356		
License #		
Electrical Contractor Information		ola, D.Vaa D.Na
Description of Work <u>Installation of (24) rooftop solar mod</u> Service Size: 2 Cate Associates dba Yes Solar Solutions	919-459-4155	role: Tres Tro
Electrical Contractor's Company Name	Telephone	
202 N Dixon Ave, Cary, NC 27513		orgalisticas com
Address	Email Address	arsolutions.com
20079-L	Email Address	
License #		
Mechanical/HVAC Contractor Information	ation	
Description of Work		
Decomption of Well		•
Mechanical Contractor's Company Name	Telephone	
modification of our party Hame	relephone	
Address	Email Address	
	Littaii / Idai coo	
License #		
Plumbing Contractor Information	<u>1</u>	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
3	. оторитоть о	
Address	Email Address	
License #		
Insulation Contractor Information	<u>1</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.

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.

Mary-Margaret Hertz Hertz Date: 2019.10.23 11:30:42 -04'00' 10/23/2019			
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 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.			
Sign w/Title: Mary-Margaret Hertz Digitally signed by Mary-Margaret Hertz Date: 2019.10.23 11:31:15 -04'00' Date: 10/23/2019			

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Johns	son, Leland	Phone: 919-721-8242	
Owner (s) Mailing Address: 76			
	illington, NC 2754	46	
Land Owner Name (s): same	as above	Phone:	
Construction or Site Address:	7695 NC Hwy 27		
		Parcel # 130528 0157 03	
Job Cost: \$22,097.00 Desc	ription of Work	to be done Installation of rooftop solar system to produce 7,440	
		New Unit Without Ductwork Gas Piping Other	
		Service Change Service Reconnect Other <u>✓</u> ers we need the premise number	
Plumbing: Water/Sewer	Tap N	umber of Baths Water Heater	
Specific Directions to Job from Lillington: Take W Old Rd to NC 27W, stay on nc 27 W for 7 miles.			
Subdivision:		Lot #:	
		ne solar installation labor on this structure.	
I am the building owner or my NC state license number is 67356 // 20079-L, which entitles me to			
perform such work on the above structure legally. All work shall comply with the State Building Code and all			
other applicable State and loc	al laws, ordinar	nces and regulations.	
Yes Solar Solutions		919-459-4155	
Contractor's Company Name	Marile - Area -	Telephone	
202 N Dixon Ave, Cary, NC 275	13	mhertz@yessolarsolutions.com	
Address		Email Address	
67356 // 20079-L			
License # Structure Owner / Contractor	Signature:	John While Date: 10/23/19	
	alf. If doing the	have obtained permission from the above listed license holder work as owner you understand that you cannot rent, lease or se	

*Company name, address, & phone must match information on license