

Application # _____

* 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: Jonathn Szabady		Date: 9/22/20
Site Address: 218 Roberts Road		
Subdivision:		
Description of Proposed Work: 26 ground mounted modules grid tied, 9.28		
General Contractor Informati		
Power Home Solar	919-300-797	6
Building Contractor's Company Name	Telephone	······································
919 N Main St Mooresville NC, 28115	permitNCSC(@powerhome.com
Address	Email Address	
60946		
License # Electrical Contractor Information	tion	
Description of Work Service Size	e:Amps T-P	ole:
Power Home Solar	919-300-797	
Electrical Contractor's Company Name	Telephone	
919 N Main St Mooresville NC, 28115		@powerhome.com
Address	Émail Address	
26074-U		
License # Mechanical/HVAC Contractor Info	rmation	
Description of Work		
Description of Work		
Mechanical Contractor's Company Name	Telephone	
, ,	·	
Address	Email Address	
License #	4!	
Plumbing Contractor Informa		
Description of Work	# Baths	·
Discoling Control of Control Name	Tolombono	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
, (44,000	Liffali / Iddi 000	
License #		
Insulation Contractor Informa	<u>tion</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 bysigning 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.

any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years points as per current fee schedule.		ars re-issue fee
Bayan D. Jan	9/22/20	
Signature of Owner/Contractor/Officer(s) of Corpo	pration Date	
	Compensation N.C.G.S. 87-14	
The undersigned applicant being the:		
X General Contractor Dwner	Officer/Agent of the Contractor of	or Owner
Do hereby confirm under penalties of perjury that set forth in the permit:	the person(s), firm(s) or corporation(s) p	erforming the work
Has three (3) or more employees and has	obtained workers' compensation insurar	nce to cover them.
Has one (1) or more subcontractors(s) and them.	I has obtained workers' compensation in	surance to cover
Has one (1) or more subcontractors(s) who covering themselves.	o has their own policy of workers' compe	nsation insurance
Has no more than two (2) employees and	no subcontractors.	
While working on the project for which this permit Department issuing the permit may require certifit to issuance of the permit and at any time during to carrying out the work.	cates of coverage of worker's compensa	tion insurance prior
Sign w/Title: Genera	l Contractor Date:_	9/22/20



Initial Application Date: 9/22/20	Application #		
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (9	10) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits		
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SIT			
LANDOWNER: Jonathan Szabady Mailing A	ddress: 218 Roberts Road		
City: Sanford State: NC Zip: 27332 Contact No:	707-495-5220 _{Email: jszabady80@gmail.com}		
APPLICANT*: Peter DeNicola Mailing Address: 919	N Main St		
City: Mooresville State: NC Zip: 28115 Contact No: *Please fill out applicant information if different than landowner			
ADDRESS: PIN	l:		
Zoning: Flood: Watershed: Deed Book / Pa	ge:		
Setbacks - Front: Back: Side: Corn	ner:		
PROPOSED USE:			
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): (Is the bonus room finished? () yes () no w/ a constant.	Monolithic Garage: Deck: Crawl Space: Slab: Slab: closet? () yes () no (if yes add in with # bedrooms)		
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) (Is the second floor finished? () yes () no Any			
☐ Manufactured Home:SWDWTW (Sizex) # Bedroom	oms: Garage:(site built?) Deck:(site built?)		
Duplex: (Sizex) No. Buildings: No. Bedrooms Pe	er Unit:		
Home Occupation: # Rooms: Use: H	ours of Operation:#Employees:		
Addition/Accessory/Other: (Sizex) Use: Solar installation	Closets in addition? () yes () no		
Water Supply:CountyExisting WellNew Well (# of dwelling: (Need to Complete New Sewage Supply:New Septic TankExpansionRelocationExis (Complete Environmental Health Checklist on other side of application Does owner of this tract of land, own land that contains a manufactured home within	Well Application at the same time as New Tank) sting Septic Tank County Sewer on if Septic)		
Does the property contain any easements whether underground or overhead () y	es () no		
Structures (existing or proposed): Single family dwellings: Manufa	actured Homes:Other (specify):		
If permits are granted I agree to conform to all ordinances and laws of the State of N I hereby state that foregoing statements are accurate and correct to the best of my k	lorth Carolina regulating such work and the specifications of plans submitted cnowledge. Permit subject to revocation if false information is provided.		
Bayan V. Jan			

Signature of Owner or Owner's Agent

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots · new growth



This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT
OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC		
If applyin	g for authorizatio	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{ } Ac	cepted	{ } Innovative { } Conventional { } Any
{ } Alt	ernative	{ } Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{ }YES	{ } NO	Does the site contain any Jurisdictional Wetlands?
{ }YES	{ } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{ }YES	{}} NO	Does or will the building contain any drains? Please explain.
{ }YES	{ _}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{ }YES	{}} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{ }YES	{ } NO	Is the site subject to approval by any other Public Agency?
{ }YES	{}} NO	Are there any Easements or Right of Ways on this property?
{ }YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.