



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: MARLENE MIMS Date: 12/08/2020

Site Address: 381 BJ Palmer Drive, Spring Lake NC 28390 Phone: 910-309-1803

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

Description of Proposed Work: Installation of a 10.88 kW roof mount solar system Total Job Cost: \$25,892

**General Contractor Information**

8MSolar LLC

919-948-6475

Building Contractor's Company Name

Telephone

101 Woodwinds Industrial Ct Ste O Cary NC 27511

s.khan@8msolar.com

Address

Email Address

82456

License #

**Electrical Contractor Information**

Description of Work Installation of a 10.88kW roof mount solar system Service Size: 200 Amps T-Pole: \_\_\_ Yes \_\_\_ No

Zuber Electrica LLC

845-344-7693

Electrical Contractor's Company Name

Telephone

309 Lanier Valley Drive, Durham, NC 27703

zuberanthony1@gmail.com

Address

Email Address

33074

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.**

12/08/2020

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.

Sign w/Title: Shahzaib Khan Administration Coordinator    Date: 12/08/2020