

Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner/occupier 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**

	Date: <u>04/13/2021</u>
Site Address: 1866 Christian Light Rd	Phone: 919-300-7976
Subdivision:	Lot:
Description of Proposed Work: 25 roof mounted modules, grid tied 8kw solar installation on an existing residenc General Contractor Information	Total Job Cost: 48,600
solar installation on an existing residenc General Contractor Information	e
Power Home Solar	919-300-7976
Building Contractor's Company Name	Telephone
919 N Main St. Mooresville, NC 28115	permitncsc@powerhome.com
Address	Email Address
	Q FT
License #	
Description of Work 25 roof mounted modules, grid tied 8kw Solar installation on an existing residence Service Size:	n Amns T-Pole: Yes X No.
solar installation on an existing residence  Power Home Solar	919-300-7976
Electrical Contractor's Company Name	Telephone
919 N Main St. Mooresville, NC 28115	permitncsc@powerhome.com
Address	Email Address
26074-U	
License #	
Mechanical/HVAC Contractor Inform	
Description of Work	
Markaria I Carlos de da Carros Nama	Talankana
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Linaii Addiess
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work	# Baths
*	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	an.
insulation Contractor Information	<u></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.

04/13/2021

Signature of Ow	ner/Contractor/Offic	er(s) of Corporation	n Date			
The undersigne	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
X Genera	al Contractor	Owner	Officer/Agent of the	Contractor or Owner		
Do hereby confi set forth in the p		of perjury that the p	person(s), firm(s) or corp	poration(s) performing the work		
_X_ Has three	e (3) or more employ	ees and has obtai	ned workers' compensa	ation insurance to cover them.		
Has one them.	(1) or more subcont	ractors(s) and has	obtained workers' comp	pensation insurance to cover		
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.						
Department issu	uing the permit may ne permit and at any	require certificates	of coverage of worker's	at the Central Permitting s compensation insurance prior person, firm or corporation		
Sign w/Title: Ge	neral Contractor		9	Date: 04/13/2021		



Initial Application Date: 04/13/2021

SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath):Garage:Deck:Crawl Space:Slab:Slab:TOTAL HTD SQ FTGARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedroom	initial Application Date: 07	110/2021	Ар	plication #	
Contral Permitting  108 E. Front Street, Lillington, NC 27546 Phone; (910) 939-7525 ext.2 Fax; (910) 893-2793 www.harnett.org/permits  "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"  LANDOWNER. Peter Ormond  Mailing Address. 1866 Christian Light Rd  City, Fuguay-Varina  State, NC zip, 27526 contact No. 919-300-7976 Email: permitrosc@powerhome.com  APPLICANT: Power Home Solar  Mailing Address. 919 N Main St  City, Mooresville  State, NC zip, 28115 contact No. 919-300-7976 Email: permitrosc@powerhome.com  Priesse file out applicant information if different than indoverer  APPLICANT: Power Home Solar  Mailing Address. 919 N Main St  City, Mooresville  State, NC zip, 28115 contact No. 919-300-7976 Email: permitrosc@powerhome.com  Priesse file out applicant information if different than indoverer  ADDRESS: 1866 Christian Light Rd  PIN:  Zoning: Flood: Watershed: Deed Book / Page:  Setbacks - Front: Back: Side: Corner:  PROPOSED USE:  SFC, (Size # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deok: Crawl Space: Slab: Slab: Slab: Slab: Corner: Deak Crawl Space: Slab: Slab				CU#	
LANDOWNER Peter Ormond  Mailing Address; 1866 Christian Light Rd  City: Fuguay-Varina  State: NC Zip: 27526 Contact No; 919-300-7976 Email: permitnosc@powerhome.com  Mailing Address; 919 N Main St  City: Mooresville  State: NC Zip: 28115 Contact No; 919-300-7976 Email: permitnosc@powerhome.com  Mailing Address; 919 N Main St  City: Mooresville  State: NC Zip: 28115 Contact No; 919-300-7976 Email: permitnosc@powerhome.com  Please fill out applicant information if different than landomer  ADDRESS; 1866 Christian Light Rd  PIN:  Setbacks - Front: Back: Side: Corner:  PRPOPOSE USE:  Setbacks - Front: Back: Side: Corner:  Setbacks - Front: Back: Side: Corner:  Modular: (Size: Machine Side: Si	Central Permitting 1			CATION	
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City: Mooresville  State: NC Zip; 28115 Contact No: 919-300-7976 Email: permitnosc@powerhome.com  Please fill out applicant information if different than landower  ADDRESS: 1866 Christian Light Rd  PIN:  Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: Back: Side: Corner:  PROPOSED USE:  SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SO FT (Size x ) # Bedrooms: # Baths Basement (w/wo bath): Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SO FT (Is the second floor finished? yes \ no Any other site built additions? yes \ no No. Bedrooms: Garage: (site built?)  Duplex: (Size x ) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SO FT (Is the bound of the second floor finished? Second Secon	<sub>City:</sub> Fuguay-Varina	State: NC Zip: 2752	26 Contact No: 919-300-7976	Email:permitncsc@powerhome.c	om
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		Signature of Owner or Owner's			

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