

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

Owner's Name: Tiffany Thompson				Date:	04/19/2	2021
Site Address: 432 Pittfield Run,	Cameron,NC 28326		Phone:	202-8	312-9306	—— 3
Subdivision:			Lot:			***
Description of Proposed Work:	Installation of roof mounted P\	V Array via DOI opt 2	Total Job Cost:	\$10,8	312	1.11
	General Contrac					
NC Solar Now			919-833-9096			
Building Contractor's Company	Name		Telephone	*****	**	
2517 Atlantic Ave			permitting@nc	solarn	ow.com	
Address			Email Address			
69583	HEATED SQ FT 2896	GARAGE SQ	FT			
License #		and the second s	usmum.			
Description of Work Installation of roof	Electrical Contrac	tor Information				
Description of Work Installation of roof NC Solar Now	mounted PV Array via DOT opt 2	_ Service Size: 2	010 Amps T-F	ole:	_Yes	_No
Electrical Contractor's Company	/ Namo		919-833-9096			_
			Telephone			
2517 Atlantic Ave Raleigh NC 27604 permitting@nc Address permitting@nc				solarno	ow.com	_
33569-U			Email Address			
License #						
	Mechanical/HVAC Cor	ntractor Informa	ition			
Description of Work						
				•		
Mechanical Contractor's Compa	nv Name		Telephone	*****		
,	,		relephone			
Address		· · · · · · · · · · · · · · · · · · ·	Email Address		- A	-
			Email / taaress			
License #						
	Plumbing Contrac	tor Information				
Description of Work			# Baths			
				Y.:		
Plumbing Contractor's Company	Name		Telephone	·		
· · · · ·			, o.o.p., o., o			
Address			Email Address			-
License #						
	Insulation Contrac	tor Information				
Insulation Contractor's Company	Namo & Addrosa		T-1			
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 durrent fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

04/19/2021

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
X 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:
X 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: Date: 04/19/2021