

Application #

Harnett County Central Permitting

* 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.

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: Sigridur Mitchell		Date: 4/26/202	1
Site Address: 318 Mineral Springs Ln Fuquay Varina, NC 27526			
Subdivision:	Lot:		
Description of Proposed Work: Rooftop Solar Installation 6.035kW(17 panels)	Total Job Cost:	\$27,093.01	
General Contractor Information			
Titan Solar Power NC Inc	980-285-3407		
Building Contractor's Company Name	Telephone		
10345 Nations Ford Rd Ste W Charlotte, NC 28273	ncpermitting@tit	ansolarpower.com	
Address	Email Address		
84439 HEATED SQ FT GARAGE SC) FT		
License # Rooftop Solar Installation 6.035kW(17 panels) Electrical Contractor Information	•		
Description of Work Service Size:		ole: Yes N	10
Titan Solar Power NC Inc	980-285-3407		
Electrical Contractor's Company Name	Telephone	-	
10345 Nations Ford Rd Ste W Charlotte, NC 28273	ncpermitting@tita	nsolarpower.com	
Address	Email Address		
33714			
License #	ation		
Mechanical/HVAC Contractor Inform			
Description of Work			
Mechanical Contractor's Company Name	Telephone	_	
Wednamed Contractor's Company Name	Тегерионе		
Address	Email Address		
License #			
Plumbing Contractor Information	<u>n</u>		
Description of Work	_# Baths		
Plumbing Contractor's Company Name	Telephone		

Address	Email Address		
License #			
Insulation Contractor Informatio	<u>n</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.

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Kadeidra Qarrett	4/27/2021
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Markova Com	nanation N.C.C.S. 97.44
Affidavit for Worker's Component The undersigned applicant being the:	pensation N.C.G.S. 87-14
General Contractor Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perset forth in the permit:	son(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has ob them.	tained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employees and no subc	ontractors.
While working on the project for which this permit is soug Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prior
Sign w/Title: Kadaidra Qarrett Permitting Coor	rdinator Date: 4/27/2021