

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: Amanda Soto and Tyler Wood			Date: 06/11/2021	
Site Address: 407 Cokesbury F	Phone:	609-949-1964		
Subdivision:		Lot:		
Description of Proposed Work:	Installation of roof mounted PV Array via DOI opt 2(35 modules)	Total Job Cost:	\$35,182	
	General Contractor Information	•		
NC Solar Now		919-833-9096		
Building Contractor's Company	Name	Telephone		
2517 Atlantic Ave	permitting@nc	solarnow.com		
Address		Email Address		
69583	HEATED SQ FT GARAGE SQ	FT		
License #	Florida I O o do o do o do o do			
Description of Work Installation of roof	Electrical Contractor Information mounted PV Array via DOI opt 2(35 modules) Service Size: 20	00 Amns T-P	Pole: Yes No	
NC Solar Now	00,7100 0120.	919-833-9096	010103110	
Electrical Contractor's Company	y Name	Telephone		
2517 Atlantic Ave Raleigh NC	permitting@nc	solarnow.com		
Address		Email Address	-	
33569-U				
License #	Machania I/III/AC Carta da la f			
	Mechanical/HVAC Contractor Informa	ition		
Description of Work			-	
Mechanical Contractor's Compa	Telephone			
Mechanical Contractor's Compa	any Name	relephone		
Address		Email Address		
, , , , , , , , , , , , , , , , , , , ,		Email / lauress		
License #				
	Plumbing Contractor Information			
Description of Work		# Baths		
Plumbing Contractor's Compan	y 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.

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

06/11/2021

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14					
The undersigned applicant being the:					
<u>X</u>	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.					
${\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation 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.					
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	Sign w/Title: Date: 06/11/2021				

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure:	Amanda Soto and Tyler Wood	Phone: 609-949-1964		
Owner (s) Mailing Addre	ess: 407 Cokesbury Park Lane,Fuquay	-Varina,NC 27526		
Land Owner Name (s):	Amanda Soto dress: 407 Cokesbury Park Lane,Fuqu	Phone: 609-949-1964		
Construction or Site Address: 407 Cokesbury Park Lane, Fuquay-Vanna, NC 27526 PIN # 0635-58-3980.000 Parcel # 050635 0124 01				
Job Cost: \$35,182 35 modules/630 sq ft		stallation of roof mounted PV array via DOI opt 2		
Mechanical: New Unit	With Ductwork New Unit With	nout Ductwork Gas Piping Other		
Electrical*: 200 Amp * For Pro	✓ <200 Amp Service Changerss Energy customers we need to the control of	ge Service Reconnect Other he premise number		
Plumbing: Water/S	Sewer Tap Number of Bat	ns Water Heater		
Specific Directions to Jo Directions included in Des				
Subdivision:		_Lot #:		
		labor on this structure.		
I am the building owner	or my NC state license number is	33569-U , which entitles me to		
perform such work on the	ne above structure legally. All work	shall comply with the State Building Code and all		
other applicable State a	nd local laws, ordinances and regu	lations.		
NC Solar Now		919-833-9096		
Contractor's Company Name		Telephone		
2517 Atlantic Ave		permitting@ncsolarnow.com		
Address		Email Address		
69583 License #	- 1			
Structure Owner / Control	1 11111	Date: 06/11/2021		

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.