

Application # _____

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

<mark>phone must match</mark>	Application for Residential Building and	
on on license.	Miller	Date: _6/21/2
Owner's Name: John Miller		
Site Address: 182 Adrian St Holly Springs, North Carolina 27540		Phone: (609) 670-6
Subdivision:		Lot:
Description of Propose	d Work: Install roof-mounted 8.84 kW solar PV	/ system (26 modules and 1 inver
	<u>General Contractor Informati</u>	<u>on</u>
Southern Energy Management		(919) 836-0330
Building Contractor's Company Name		Telephone
5908 Triangle Dr Raleigh, NC 27617		solaradmin@southern-energy.c
Address		Email Address
69072 U		
License #	_	
Dependention of Monte root	Electrical Contractor Informat	<u>ion</u> e: <u>200</u> Amps_T-Pole:Yes
Description of Work root		(919) 836-0330
Southern Energy Management		Telephone
Electrical Contractor's Company Name		solaradmin@southern-energy.c
5908 Triangle Dr Raleigh, NC 27617 Address		Email Address
Address		Email Andress
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32733 U License # Description of Work Mechanical Contractor' Address License # Description of Work	s Company Name – – <u>Plumbing Contractor Informat</u>	rmation Telephone Email Address :ion # Baths
32733 U License # Description of Work Mechanical Contractor' Address License # Description of Work Plumbing Contractor's of Address	s Company Name – – <u>Plumbing Contractor Informat</u>	rmation Telephone Email Address Sion # Baths Telephone Telephone
32733 U License # Description of Work Mechanical Contractor' Address License # Description of Work Plumbing Contractor's of	s Company Name – – <u>Plumbing Contractor Informat</u>	rmation Telephone Email Address ion # Baths Telephone Email Address

* Each section below to be filled out by whomever performing work. Must be owner or licensed



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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

Daniel Conner

6/21/2021

Date

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

Affidavit for Work The undersigned applicant being the:	er's Compensation N.C.C	G.S. 87-14
General Contractor	r Officer/Agent of the	e Contractor or Owner
Do hereby confirm under penalties of perjury set forth in the permit:	that the person(s), firm(s) or col	rporation(s) performing the work
Has three (3) or more employees and	has obtained workers' compens	ation insurance to cover them.
Has one (1) or more subcontractors(s)) and has obtained workers' com	pensation insurance to cover
Has one (1) or more subcontractors(s) covering themselves.) who has their own policy of wo	rkers' compensation insurance
Has no more than two (2) employees a	and no subcontractors.	
While working on the project for which this pe Department issuing the permit may require co to issuance of the permit and at any time duri carrying out the work.	ertificates of coverage of worker	's compensation insurance prior
Sign w/Title: Daviel Couver	General Contractor	_{Date:} 6/21/2021

