Harnett COUNTY
NORTH CAROLINA

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

> * 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.

Application for Residential Building and Trades Permit

Owner's Name: Larry Barefoot   Date: 08/17/2021

Site Address: 2763 Johnston County Road,Angier,NC 27501   Phone: 919-795-6511

Subdivision: _____   Lot: _____

Description of Proposed Work: Installation of roof mounted PV array via DOI opt 2   Total Job Cost: 32,098

General Contractor Information

NC Solar Now   919-833-9096
Building Contractor's Company Name   Telephone
2517 Atlantic Ave Raleigh NC 27604   permitting@ncsolarnow.com
Address   Email Address
69583-L   HEATED SQ FT 734   GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work Installation of roof mounted PV array via DOI opt 2   Service Size: 200 Amps T-Pole: ___Yes ___No
NC Solar Now   919-833-9096
Electrical Contractor's Company Name   Telephone
2517 Atlantic Ave Raleigh NC 27604   permitting@ncsolarnow.com
Address   Email Address
33569-U
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name   Telephone

Address   Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths_____

Plumbing Contractor's Company 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.

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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.

_____   08/17/2021
Signature of Owner/Contractor/Officer(s) of Corporation   Date
                                                               _____
                                                               Date

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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: _____ PERMITTING TECHNICIAN _____ Date: 08/17/2021