

Application # \_\_\_\_\_

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: <u>Aguilar, Armando Cruz</u>	Date		
Site Address: <u>135 Park Lane, Coats, NC, 27521</u>			
	Lot LOT 27 HUNTERS RUN I PC#C-125/		
Description of Proposed Work: <u>Roof top solar installation</u>			
General Contractor Informatio			
POWUR, PBC			
Building Contractor's Company Name	Telephone		
2683 Via Del La Valle, Del Mar, CA, 92014	_cls@clsi.com		
Address	Email Address		
	QFT N/A		
License # Electrical Contractor Information	on		
Description of Work <u>Solar installation</u> Service Size:	Amps T-Pole:YesNo		
Pamlico Solar LLC	(252) 675-1877		
Electrical Contractor's Company Name	Tèlephone		
<u>1249 Kildaire Farm Rd, STE 315, Cary, NC, 27511</u>	admin@pamlicosolar.com		
Address	Email Address		
L.34300			
License # Mechanical/HVAC Contractor Inform	nation		
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	Tolophono		
Flumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Informati	on		
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 <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.

Scott Schwarg

03/01/22

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

Date

## Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

\_\_\_ General Contractor \_\_\_\_\_ Owner \_\_\_\_X\_\_ 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:

 $\times$  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.

<u>X</u> 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:_	Scott Schwar	y/	Member, Pamlico Solar LLC	Date:	03/01/22
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