

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: Kalim Hasan		Date: 9.3.21
Site Address: 77 Heatherwood Drive Lillington, NC	27546	Phone:
		Lot: 175
Description of Proposed Work: Solar Roof- Retrofit 9	9.531 Kw	_ Total Job Cost: 39273
General Contract		_
Tesla Energy Operations, Inc.		919-583-10312
Building Contractor's Company Name		Telephone
901 Page Avenue Fremont, CA		hfogleman@tesla.com
Address		Email Address
77560 HEATED SQ FT NA	GARAGE SQ	NA
License #	4 l 6 4 i	_
Description of Work Solar Roof- Retrofit 9.531 Kw		
Tesla Energy Operations, Inc .	_	919-583-10312
Electrical Contractor's Company Name		Telephone
901 Page Avenue Fremont, CA		hfogleman@tesla.com
Address		Email Address
U-30801		
License #		
Mechanical/HVAC Con		<u>ation</u>
Description of Work		
Machanical Contractor's Common Name		Talanhana
Mechanical Contractor's Company Name		Telephone
Address		Email Address
7.441000		Email / Idai 655
License #		
Plumbing Contrac	tor Information	<u>n</u>
Description of Work		_# Baths
Plumbing Contractor's Company Name		Telephone
Address		Email Address
License #		
Insulation Contrac	tor Information	<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.



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.

Heather Fogleman 9.3.21 Signature of Owner/Contractor/Officer(s) of Corporation Date
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:
X 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:
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 / Leather Fogleman Permit Coordinator III Date: 9.3.21