

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: Esmerelda Quintanilla			Date: 11/	20/2021
Site Address: 135 Bellini Drive angier NC 27501				
Subdivision:		Lot:		
Description of Proposed Work: Rooftop Solar Installa				
General Co	ntractor Information			
Titan Solar Power NC Inc		80-285-3407		
Building Contractor's Company Name		Telephone		
525 W Baseline Rd Mesa, AZ 85210	nc	ncpermitting@titansolarpower.com		
Address		Email Address		
84439 HEATED SQ FT	GARAGE SQ FT			
License #				
ooftop Solar Installation 4.97kW(14 panels) <u>Electrical Co</u> Description of Work	Service Size:	Amns T-P	nle· Ye	es No
T'O O O I O DO O NO I O				
Electrical Contractor's Company Name		980-285-3407 Telephone		
525 W Rasalina Rd Masa A7 85210	nc	ncpermitting@titansolarpower.com		
Address		Email Address		
33714				
License #				
Mechanical/HVA	C Contractor Information	<u>n</u>		
Description of Work				
Mechanical Contractor's Company Name		ephone		
Address	Em	nail Address		
License #				
Plumbing Co	entractor Information			
Description of Work	# B	Baths		
Plumbing Contractor's Company Name	Tel	Telephone		
Address	Em	nail Address		
License #				
Insulation Co	ontractor Information			
Insulation Contractor's Company Name & Address		lephone		<u>_</u>

*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.

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Kadsidra Qarrett Signature of Owner/Contractor/Officer(s) of Corporation 11/20/2021 Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
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:				
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: Kadsidra Qarrett Permitting Coordinator Date: 11/20/2021				