

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

Application for Residential Building and Trades Permit

phone must match tion on license.	Application for Residential Building and	<u>Indues r ennit</u>		
Owner's Name: Clyde Ferguson		Date: 12/27/202		
Site Address: 64 Sylvan Lane Cameron NC 28326 Phone				
Subdivision: Description of Proposed Work: Rooftop Solar Installation 10.73kW(29 panels				
Description of Propose				
	General Contractor Informati	ion		
Titan Solar Power NC Inc 980-285-3407				
Building Contractor's Company Name		Telephone		
		ncpermitting@titansolarpower.com		
Address		Email Address		
84439	HEATED SQ FT GARAGE	SQ FT		
License # ofton Solar Installation 10 7	/3kW(29 panels) Electrical Contractor Information	tion		
	Service Size			
Titan Solar Power NC In		980-285-3407		
Electrical Contractor's Company Name		Telephone		
525 W Baseline Rd Mesa, AZ 85210		ncpermitting@titansolarpower.com		
Address		Email Address		
33714				
33714 License #	 Mechanical/HVAC Contractor Info	ormation		
License #				
License # Description of Work				
License # Description of Work Mechanical Contractor Address		Telephone		
License # Description of Work Mechanical Contractor	's Company Name	Telephone Email Address		
License # Description of Work Mechanical Contractor Address License #		Telephone Email Address <u>tion</u>		
License # Description of Work Mechanical Contractor Address	's Company Name	Telephone Email Address		
License # Description of Work Mechanical Contractor Address License #	's Company Name <u>Plumbing Contractor Informa</u>	Telephone Email Address <u>tion</u>		
License # Description of Work Mechanical Contractor Address License # Description of Work	's Company Name <u>Plumbing Contractor Informa</u>	Telephone Email Address tion # Baths		
License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's	's Company Name <u>Plumbing Contractor Informa</u>	Telephone Email Address tion # Baths Telephone Email Address		
License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's Address License #	's Company Name Plumbing Contractor Informa Company Name	Telephone Email Address tion # Baths Telephone Email Address		



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.

Kadridra Carrett 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 ____ 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: Kadeidra Qarrett	Permitting Coordiantor	Date:	12/27/2021