

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: Orlando Inman	Date: <u>2/25/2022</u>	
Site Address: 41 Williamsburg Way, Cameron, NC 28326	Phone: <u>(910) 315-3265</u>	
Subdivision:	Lot:	
Description of Proposed Work: Installing a roof-mount solar system		
General Contractor Information		
Marc Jones Construction LLC T/A Sunpro; Buildpro; Energypro Building Contractor's Company Name	<u>9855038547</u> Telephone	
2101 Westinghouse Blvd., Suite 107 Raleigh,NC 27604 Address	spcharlotte@theprocompanies.com Email Address	
81871 HEATED SQ FT 546 GARAGE SQ License #		
Description of Work Solar panel coinciding electrical wiring Service Size:	<u>1</u> <u>200 </u> Amps T-Pole: <u> </u> Yes <u> x</u> No	
Marc Jones Construction LLC dba Sunpro Electrical Contractor's Company Name	<u>9855038547</u> Telephone	
2101 Westinghouse Blvd., Suite 107 Raleigh,NC 27604 Address	spcharlotte@theprocompanies.com Email Address	
U.34003 License # Mechanical/HVAC Contractor Inform 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.



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.

m	2/25/2022	
Signature of Owner/Contractor/Officer(s) of Cor	poration Date	
V		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
_xx 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:		
xx Has three (3) or more employees and ha	s 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: License Holder	Date:	
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