

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: Alexis Harris			Date: 3/11/2022
Site Address: 206 Lamm Avenue Erwin NC 2833	39	Phone	980-285-3407
Subdivision:			
Description of Proposed Work: Rooftop Solar Insta	llation 9.085kW(23 panels)	Total Job Cost	: \$18,170.00
General C	Contractor Information	_	
Titan Solar Power NC Inc		980-285-3407	
Building Contractor's Company Name		Telephone	
525 W Baseline Rd Mesa, AZ 85210			tansolarpower.com
Address		Email Address	·
84439 HEATED SQ F1	GARAGE SQ	FT	
License # oftop Solar Installation 9.085kW(23 panels) Electrical Description of Work	Contractor Information Service Size:	<u>l</u> Amps T-I	Pole:YesNc
Titan Solar Power NC Inc		980-285-3407	
Electrical Contractor's Company Name	_	Telephone	<u> </u>
525 W Baseline Rd Mesa, AZ 85210		ncpermitting@titansolarpower.com	
Address		Email Address	
U.34445			
License #  Mechanical/H\  Description of Work	/AC Contractor Informa		_
Mechanical Contractor's Company Name		Telephone	
Address		Email Address	
License #	Contractor Information	<u>1</u>	
Description of Work		_# Baths	
Plumbing Contractor's Company Name		Telephone	
Address		Email Address	
License #	Contractor Information	1	
<u>sulution</u>		<u>-</u>	
Insulation Contractor's Company Name & Addres	SS	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.

Kadeidra Qarrett Signature of Owner/Contractor/Officer(s) of Corporation  3/11/2022 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 Coordinator Date: 3/11/2022			
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