

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: <u>Leah Mckinnon</u>	Date: <u>4.6.22</u>
Site Address: 2251 Baileys Crossroads Rd	Phone: <u>919-675-9925</u>
Subdivision:	Lot:
Description of Proposed Work: Installing a roof-mount solar system	Total Job Cost: <u>\$65,489.00</u>
General Contractor Informa	<u>tion</u>
Marc Jones Construction LLC T/A Sunpro; Buildpro; Energypro Building Contractor's Company Name	<u>985-438-6856</u> Telephone
2101 Westinghouse Blvd., Suite 107 Raleigh,NC 27604 Address	<u>spcharlotte@theprocompanies.com</u> Email Address
License #	SQ FT 0
Description of Work installing rood mounted solar panels Service Size	a tion ze: <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>985-438-6856</u> Telephone
2101 Westinghouse Blvd., Suite 107 Raleigh,NC 27604 Address	spcharlotte@theprocompanies.com Email Address
U.34003 License # Mechanical/HVAC Contractor Info Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	ation_
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	ation_
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		4.6.22	
Signature of Owner/Contractor/Office	cer(s) of Corporation	Date 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:			
<u>xx</u> 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: Licen	se Holder	Date:	
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