

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: Dennis Bennett		Date: 8/18/2	2022
Site Address: 80 Bella Vita Way Angier NC 27501	Phone:	(347) 592-45	585
Subdivision:	Lot:		
Description of Proposed Work: Rooftop Solar Installation 4.8kW(12 panels)			
General Contractor Information	_		
Titan Calar Dawar MC Inc	980-285-3407		
Building Contractor's Company Name	Telephone		
525 W Baseline Rd Mesa, AZ 85210	ncpermitting@tita	ansolarpower.c	om
Address	Email Address		
84439 HEATED SQ FT GARAGE SQ	FT		
License # Pooffon Solar Installation 4 8kW/(12 panels) Flooting 10 and 10 forms 15 and 10 form	_		
Rooftop Solar Installation 4.8kW(12 panels) <u>Electrical Contractor Information</u> Description of Work Service Size:	<u>1</u> Amps T-P	ole: Yes	No
Titan Color Dower NC Inc	980-285-3407	0.0	
Electrical Contractor's Company Name	Telephone		
525 W Baseline Rd Mesa, AZ 85210	ncpermitting@titansolarpower.com		
Address	Email Address		
U.34445			
License #			
Mechanical/HVAC Contractor Inform			
Description of Work		·	
Mechanical Contractor's Company Name	Telephone		
Mechanical Contractor's Company Name	relepriorie		
Address	Email Address		
License #			
Plumbing Contractor Information	<u>1</u>		
Description of Work	_# Baths		
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
Addiess	Liliali Address		
License #			
Insulation Contractor Information	<u>n</u>		
Insulation Contractor's Common, Name 9 Address	Talamba:		
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.

Kadsidra Carrett Signature of Owney Contractor/Officer(s) of Corporation 8/18/2022 Date			
Affidavit for Warlania Commonation N.C.O.O. 07.44			
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 Garrett Permitting Coordinator Date: 8/18/2022			