



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: Suchara Hawkins Date: 10/25/22

Site Address: 103 Saint Matthews Road, Erwin, NC 28339 Phone: (215) 730-7858

Subdivision: _____ Lot: _____

Description of Proposed Work: Installation of 17 roof mounted solar panels. Total Job Cost: \$36,348.16

General Contractor Information

ADT Solar _____ 919-334-2839 _____

Building Contractor's Company Name Telephone

2101 Westinghouse Blvd., Suite 107 Raleigh, NC 27604 _____ bmoose@theprocompanies.com _____

Address Email Address

81871 _____ **HEATED SQ FT** 0 _____ **GARAGE SQ FT** 0 _____

License #

Electrical Contractor Information

Description of Work Installation of 17 roof mounted solar panels on a existing residence. Service Size: 200 Amps T-Pole: Yes No

Javon Cobb _____ 919-334-2839 _____

Electrical Contractor's Company Name Telephone

2101 Westinghouse Blvd., Suite 107 Raleigh, NC 27604 _____ bmoose@theprocompanies.com _____

Address Email Address

U.34003 _____

License #

Mechanical/HVAC Contractor Information

Description of Work _____

_____ Telephone _____

_____ Address _____ Email Address _____

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

_____ 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.**



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.

mfcl
Signature of Owner/Contractor/Officer(s) of Corporation

10/25/22
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:

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: *mfcl* License Holder _____ Date: 10/25/22