

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: Clayton Cupec			_Date:	12/6/2	2022
Site Address: 135 Southern Place Lillington NC 27546		Phone:	(724)	234-73	76
Subdivision:		Lot:			
Description of Proposed Work: Rooftop Solar Installation 10.4k	N(26 panels)	_ Total Job Cost:			
General Contractor					
Titan Solar Power NC Inc		980-285-3407			
Building Contractor's Company Name		Telephone			
1201 Carrier Dr Charlotte, NC 28216		ncpermitting@titansolarpower.com			
Address		Email Address			
84439 HEATED SQ FT	GARAGE SQ	FT			
License #					
cooftop Solar Installation 10.4kW(26 panels) Electrical Contractor Description of Work Solar	<u>r Information</u> ervice Size:	<u>l</u> Amns T-F	ole.	Yes	Nc
Titon Color Dower NC Inc					
Electrical Contractor's Company Name		980-285-3407 Telephone			
1201 Carrier Dr Charlotte, NC 28216		•	ansoları	nower c	om
Address		ncpermitting@titansolarpower.com Email Address			
U.34445		Zman / taarooo			
License #					
Mechanical/HVAC Contra	actor Informa	ation_			
Description of Work			_		
Mechanical Contractor's Company Name		Telephone			
Address		Email Address			
License #					
Plumbing Contractor	r Information	<u>1</u>			
Description of Work		# Baths		_	
Plumbing Contractor's Company Name		Telephone			
Address		Email Address			
License #					
Insulation Contracto	r Informatior	<u>1</u>			
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.

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Kadsidra Garrett Signature of Owner/Contractor/Officer(s) of Corporation 12/6/2022 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:				
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 Jarrett Permitting Lead Date: 12/6/2022				