

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: Ana Sprague		Date: _	12/21/2	2022
Site Address: 580 New Castle Lane Spring Lake NC 28390	Phone:	(919) 9	924-27	70
Subdivision:				
Description of Proposed Work: Rooftop Solar Installation 10.4kW(26 panels)				
General Contractor Information	_			
Titan Solar Power NC Inc	980-285-3407			
Building Contractor's Company Name	Telephone			_
1201 Carrier Dr Charlotte, NC 28216	ncpermitting@tita	ansolarpo	wer.cor	m
Address	Email Address	·		_
84439 HEATED SQ FT GARAGE SQ) <mark>FT</mark>			
License #				
Rooftop Solar Installation 10.4kW(26 panels) <u>Electrical Contractor Information</u> Description of Work Service Size:	<u>1</u> ∆mne T_D	ole:	Vac	Nc
	980-285-3407	OIE	_165	
Electrical Contractor's Company Name	Telephone			_
4004 O D. Ol I. II. NO 00040	ncpermitting@tita	ansolaro	nwer co	m
Address	Email Address	ariooiai pe	JWC1.001	<u></u>
U.34445				
License #				
Mechanical/HVAC Contractor Inform	<u>ation</u>			
Description of Work		-		
				_
Mechanical Contractor's Company Name	Telephone			
Address	Frank Address			_
Address	Email Address			
License #				
Plumbing Contractor Information	<u>n</u>			
Description of Work	_ _# Baths			
			=	
Plumbing Contractor's Company Name	Telephone			_
Address	Email Address			
License #	_			
Insulation Contractor Information	<u>n</u>			
Insulation Contractor's Company Name & Address	Telephone			
modiation contractors company Name & Audicss				

*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 Owner Contractor/Officer(s) of Corporation 12/21/2022 Date	
Signature of Own (Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
Y	
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: Kadsidra Jarrett Permitting Lead Date: 12/21/2022	
·	