

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Randy Umlauf	Date 12/16/2022
Site Address: 4864 Christian Light Rd, Fuquay Varina, NC 27	
Subdivision: Hectors Creek	Lot 4864
Description of Proposed Work: 20 Panel Roof Mounted Solar P/V Install on single family home 7.6kW AC	Total Job Cost 29,400.00
General Contractor Information	
William Clementi, 365 Solar Energy	980-287-7108
Building Contractor's Company Name	Telephone
4132 Ellie Ln, Charlotte, NC 28208	permits@365solarenergy.com
Address	Email Address
82616 HEATED SQ FT 432.8 GARAGE S	SQ FT
License #	
Electrical Contractor Information of Work	ion
Description of Work 20 Panel Roof Mounted Solar P/V Install on single family home 7.6kW AC Service Size	e: 200 Amps 1-Pole:YesNo
William Layfield, 365 Solar Energy Floatrical Contractor's Company Name	980-287-7108 Tolophone
Electrical Contractor's Company Name	Telephone
4132 Ellie Ln, Charlotte, NC 28208 Address	permits@365solarenergy.com Email Address
	Email Address
L.14668 License #	
Mechanical/HVAC Contractor Infor	rmation
Description of Work N/A	
N/A	
Mechanical Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
N/A	Liliali Address
License #	
Plumbing Contractor Informat	<u>ion</u>
Description of Work N/A	# Baths N/A
N/A	N/A
Plumbing Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
N/A	
License #	
Insulation Contractor Informat	
N/A	N/A
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.

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William Clementi 12/16/2022	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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.	
$\frac{X}{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance	
X 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: William Clementi General Contractor 82616 Date: 12/16/2022	