

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: Harold Blackwell		Date 12/22/2022
Site Address: 131 Rad Street Lillington NC 27546	Phone	919-820-0672
Subdivision:		
Description of Proposed Work: Installation of solar panels	Total Job Cost	27836.00
General Contractor Information		
Lighting Flectric Co	704-361-801	1
Building Contractor's Company Name	Telephone	
Blacksnake Rd Stanley NC 28164 totalsolarpermit@gmail.co		nit@gmail.com
Address	Email Address	
NC-29517 HEATED SQ FT GARAGE SQ	FT	
License #		
Electrical Contractor Information	Λmns T-D	olo: Vos No
Description of Work Installation of solar panels Service Size: Lighting Electric Co	704-361-801	ole1esNc 1
Electrical Contractor's Company Name	Telephone	<u> </u>
230 Blacksnake Rd Stanley NC 28164	•	mit@gmail.com
Address	totalsolarpermit@gmail.com Email Address	
NC-29517		
License #		
Mechanical/HVAC Contractor Informa	ation_	
Description of Work		
Mechanical Contractor's Company Name	Telephone	_
Address	Email Address	
 		
License # Plumbing Contractor Information		
	<u>-</u> "	
Description of Work	# Baths	
Plumbing Centractor's Company Name	Tolophono	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Information	<u>l</u>	
Insulation Contractor's Company Name & Address	Telephone	_
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*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.

Kawin Kutanh

1 10000 1 1000000	12/22/2022
Signature of Owner/Contractor/Officer(s) of Corporation	Date
ACC to St. Co. Martin do Occurrent	
Affidavit for Worker's Compensation The undersigned applicant being the:	ation N.C.G.S. 87-14
X General Contractor Owner Office	er/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), set forth in the permit:	, firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained work	kers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own covering themselves.	n policy of workers' compensation insurance
Has no more than two (2) employees and no subcontract	tors.
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of covera to issuance of the permit and at any time during the permitted we carrying out the work.	age of worker's compensation insurance prior
Sign w/Title: Kevin Kutach licensed con	tractor Date: 12/22/2022