

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: Humberto Arroyo		_ Date	3-24-23		
Site Address: 190 Valley Forge Way	Phone				
Subdivision:		Lot			
Description of Proposed Work: Install	21 solar panels roof mount	Total Job Cos	_t 21000	.00	
	General Contractor Information	•			
Supernova Solar DBA SmartSun Energy		540-840-1789			
Building Contractor's Company Name	Telephone				
635 Old Barnwell Rd., West Columbia, SC	smartsun005@gmail.com			_	
Address		Email Address			
	ED SQ FT GARAGE SQ	FT			
License #	lectrical Contractor Information				
	Service Size:		Pole:	_Yes	_Nc
Supernova Solar DBA SmartSun Energy		5408401789			_
Electrical Contractor's Company Name		Telephone			
635 Old Barnwell Rd., West Columbia, SC	smartsun005@gmail.com			_	
Address 32626		Email Address			
License #					
	anical/HVAC Contractor Informa	<u>ition</u>			
Description of Work N/A					
					
Mechanical Contractor's Company Nam	ne	Telephone			_
					_
Address	Email Address				
License #					
	lumbing Contractor Information				
- N/Δ		# Baths			
		n Barro			
Plumbing Contractor's Company Name		Telephone			_
		-			
Address		Email Address			_
License #	sulation Contractor Information				
N/A	Suiduon 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.

3-23-23

D. D.

Signa	Signature of Owner/Contractor/Officer(s) of Corporation Date								
Affidavit for Worker's Compensation N.C.G.S. 87-14									
The u	The undersigned applicant being the:								
Х	General Contractor	Owner	Officer/Agent of the 0	Contractor or Owner					
	ereby confirm under penalties rth in the permit:	of perjury that the	e person(s), firm(s) or corp	oration(s) performing the work					
	_ Has three (3) or more emplo	yees and has ob	tained workers' compensat	tion insurance to cover them.					
them.	_ Has one (1) or more subcon	tractors(s) and ha	as obtained workers' comp	ensation insurance to cover					
cover	_ Has one (1) or more subconing themselves.	tractors(s) who ha	as their own policy of work	ers' compensation insurance					
Х	X Has no more than two (2) employees and no subcontractors.								
Depa to iss	working on the project for wh rtment issuing the permit may uance of the permit and at any ng out the work.	require certificate	es of coverage of worker's	compensation insurance prior					
Sign	w/Title: Owner/Contractor	D-R-		Date: 3-24-23					
				•					