

Application # _____

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

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed

Application for Residential Building and Trades Permit

or. Address, company phone must match on on license.	Application for Residential Building and Tr		
Owner's Name: Robe	rt Turpen		Date: 4/12/202
	acon Lane Cameron NC 28326	Phone [.]	(815) 663-7990
			(0.0) 000 000
Subdivision: Description of Proposed Work: Ground Mount Solar Installation 10kW(25 panels)			
Description of Propose			
Titon Color Dower NC Inc.	General Contractor Information		
Titan Solar Power NC Inc 980-285-3407 Building Contractor's Company Name Telephone			
Building Contractor's Company Name		•	
Address	1201 Carrier Dr Charlotte, NC 28216 ncpermitting@tita Address Email Address		solarpower.com
84439			
License #	HEATED SQ FT GARAGE SC	<u>, , , , , , , , , , , , , , , , , , , </u>	
round Mount Solar Installation	10kW(25 panels) Electrical Contractor Informatio		
Description of Work	Service Size:	Amps T-P	ole: Yes
Titan Solar Power NC Inc		980-285-3407	
Electrical Contractor's Company Name		Telephone	
1201 Carrier Dr Charlotte, NC 28216		ncpermitting@titansolarpower.com	
Address Em			
Address		Email Address	
Address U.34445 License #	— Mechanical/HVAC Contractor Inform		
U.34445 License #		<u>ation</u>	
U.34445 License #		<u>ation</u>	
U.34445 License # Description of Work		nation	
U.34445 License # Description of Work Mechanical Contractor Address		nation Telephone	
U.34445 License # Description of Work Mechanical Contractor		Telephone Email Address	
U.34445 License # Description of Work Mechanical Contractor Address License #	's Company Name	Telephone Email Address	
U.34445 License # Description of Work Mechanical Contractor Address	's Company Name	Telephone Email Address	
U.34445 License # Description of Work Mechanical Contractor Address License #	's Company Name <u>Plumbing Contractor Informatio</u>	Telephone Email Address	
U.34445 License # Description of Work Mechanical Contractor Address License # Description of Work	's Company Name <u>Plumbing Contractor Informatio</u>	Telephone Email Address <u>n</u> _# Baths	
U.34445 License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's	's Company Name <u>Plumbing Contractor Informatio</u>	nation Telephone Email Address n # Baths Telephone Email Address	



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.

<u>Kadeidra</u> <u>Arrett</u> Signature of Owner/gontractor/Officer(s) of Corporation

4/12/2023

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner X 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: Kadeidra	Jarrett	Permitting Lead	Date:	4/12/2023
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