

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

* 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: Kadeidra Jarrett			Date: _	6/8/20	23
Site Address: 157 Beacon Lane Cameron NC 28					
Subdivision:		Lot:			
Description of Proposed Work: Ground Mount Solar Installation 10kW(25 panels)		_ Total Job Cost: <u>\$20,000.00</u>			
General Co	ontractor Information	Į.			
Titan Solar Power NC Inc		980-285-3407			
Building Contractor's Company Name		Telephone			
1201 Carrier Dr Charlotte, NC 28216		ncpermitting@titansolarpower.com			_
Address		Email Address			
	GARAGE SO	Q FT			
License # Ground Mount Solar Installation 10kW(25 panels) Electrical C	Contractor Information	n			
Description of Work	Service Size:	Amps T-F	Pole:	Yes _	Nc
Titon Color Dowar MC Inc		980-285-3407			
Electrical Contractor's Company Name		Telephone			
1201 Carrier Dr Charlotte, NC 28216		ncpermitting@titansolarpower.com			
Address	Email Address				
U.34445					
License # Mechanical/HVA	AC Contractor Inform	ation			
Description of Work					
			_		
Mechanical Contractor's Company Name		Telephone			
Address	-	Email Address			
License #	Contractor Informatio	n			
		_			
Description of Work		_# Baths		_	
Plumbing Contractor's Company Name		Telephone			
, ,		·			
Address		Email Address			
License #					
<u>Insulation C</u>	Contractor Informatio	<u>n</u>			
Insulation Contractor's Company Name & Address	 S	Telephone			

*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 Qarrett Signature of Owner/Contractor/Officer(s) of Corporation	6/8/2023			
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:				
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			
X 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 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: 6/8/2023			
V				