

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 contractor. Address, company name & phone must match information on license.

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**Application for Residential Building and Trades Permit** 

Owner's Name: Stephen Spivey			_Date:	6/21/2	2023
Site Address: 131 Edna John Court Dunn NC 28334					
Subdivision:		Lot:			
Subdivision:	1 panels), SolarEdge	Energy Bank _ Total Job Cost:	\$28,24	40.00	
General Contrac		_			
Titan Solar Power NC Inc		980-285-3407			
Building Contractor's Company Name	Telephone				
			nsolarpov	wer.com	
Address		Email Address			
84439 HEATED SQ FT	GARAGE SQ	FT			
License # Rooftop Solar Installation 9.12kW(24 panels)  Electrical Contract	ctor Information	•			
Description of Work SolarEdge Energy Bank	_ Service Size: _	<u>.                                    </u>	ole:	_Yes _	Nc
Titan Solar Power NC Inc		980-285-3407			
Electrical Contractor's Company Name		Telephone			
201 Carrier Dr Charlotte, NC 28216 ncpermitting@titansolarpower				ver.com	
Address Email Address					
U.34445					
License #  Mechanical/HVAC Co	ntractor Informa	ation			
Description of Work		<u> </u>			
Description of Work			_		
Mechanical Contractor's Company Name		Telephone			—
		'			
Address		Email Address			
License #					
Plumbing Contra		_			
Description of Work		_# Baths		_	
		<del></del>			
Plumbing Contractor's Company Name		Telephone			
Address		Email Address			
Addiess		Linaii Addie33			
License #					
Insulation Contra	ctor Information	<u>1</u>			
In order to a Country deal of Country and a Country of Country and a Country of Country		T. L			
Insulation Contractor's Company Name & Address		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.

Kadeidra Garrett. 6/21/2023
<u>Kadeidra Jarrett</u> Signature of Owner/Contractor/Officer(s) of Corporation  6/21/2023  Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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.
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: Kadsidra Garrett Permitting Lead Date: 6/21/2023