

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

Application for Residential Building and Trades Permit

Owner's Name: Adrian Tucker		Date:	7/21/2023
Site Address: 111 4th Street Erwin NC 28339	Phone:	(919)	324-2368
Subdivision:			
Description of Proposed Work:Rooftop Solar Installation 10kW(25 panels	s)Total Job Cost:	20,00	00.00
General Contractor Information			
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		<u> </u>
84439 HEATED SQ FT GARAGE SC	FT		
License #			
Rooftop Solar Installation 10kW(25 panels) Electrical Contractor Information	<u>n</u>		
Description of Work Service Size: _			
Titan Solar Power NC Inc	980-285-3407		
Electrical Contractor's Company Name	Telephone		
1201 Carrier Dr Charlotte, NC 28216	ncpermitting@	titansol	arpower.com
Address	Email Address		
<u>U.34445</u>			
License # Mechanical/HVAC Contractor Inform	ation		
Description of Work			
Mechanical Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Plumbing Contractor Information	<u>n</u>		
Description of Work	_# Baths		_
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Information	<u>n</u>		
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 Carrett 7/21/2023			
Kadsidra Carrett Signature of Owner Contractor/Officer(s) of Corporation 7/21/2023 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: Kadeidra Jarrett Permitting Lead Date: 7/21/2023			
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