

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: Tammy Aea	Date 7/27/2023		
Site Address: 644 Highgrove Dr Spring Lake, NC 38390			
Subdivision: HIGHGROVE @ A CRK PH4	Lot ¹²⁵		
Description of Proposed Work: PV Solar Install/ Size: 8 KW DC	Total Job Cost 52213.93		
General Contractor Information			
Encor Solar LLC	- (704) 318-2858		
Building Contractor's Company Name	Telephone		
3049 Executive Parkway, Suite 300 Lehi, UT 84043	permits@encorsolar.com		
Address Email Address			
L.99580 HEATED SQ FT GARAGE SO	Q FT		
License #			
Description of Work PV Solar Install/ Size: 8 KW DC Service Size:	<u>n</u> 125A Amps T-Pole: Yes No.		
Encor Solar LLC	(704) 318-2858		
Electrical Contractor's Company Name	Telephone		
3049 Executive Parkway, Suite 300 Lehi, UT 84043 permits@encorsolar			
Address	Email Address		
U.35743			
License #			
Mechanical/HVAC Contractor Inform	<u>aation</u>		
Description of Work			
Mechanical Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Plumbing Contractor Informatio	n		
Description of Work	 _# Baths		
Description of Work			
Plumbing Contractor's Company Name	Telephone		
Training Contractor C Company Trainic	rolophone		
Address	Email Address		
License #			
Insulation Contractor Information	<u>n</u>		
In addition Oracle daily Oracle and Inc.			
Insulation Contractor's Company Name & Address	Telephone		

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

DocuSigned by:



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.

7/27/2023

Signature of the state of the s					
Affidavit for Worker's Compensation N.C.G.S. 87-14					
The undersigned applicant being the:					
X General Contractor OwnerX 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:					



Initial Application Date: 7/27/2023 Application #_____

nitial Application Date: 1/21/2020	Applic	ation #	
		 CU#	
COUNTY OF HARNETT Central Permitting 420 McKinney Pkwy, Lillington, NC 27546	RESIDENTIAL LAND USE APPLICAT Phone: (910) 893-7525 ext:1 F	TION	
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO P	URCHASE) & SITE PLAN ARE REQUIRED W	HEN SUBMITTING A LANI	O USE APPLICATION
ANDOWNER: Tammy Aea	Mailing Address:644 Highgr	rove Dr	
City: Spring Lake State: NC Zip: 28390			am01@yahoo.com
APPLICANT*: Joshua Collins Mailing Ac	ddress: 3049 Executive Parkı	way, Suite 300	
_{City:} Lehi State: UT Zip: 84043			@encorsolar.com
Please fill out applicant information if different than landowner			
ADDRESS: 644 Highgrove Dr Spring Lake, NC		000	
Zoning: Flood: Watershed: De	ed Book / Page:		
Setbacks – Front: Back: Side: Corner	" <u>. </u>		
PROPOSED USE:			Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Baseme			Slab: Slab:
FOTAL HTD SQ FTGARAGE SQ FT(Is the bonus roor	n finished? () yes () no w/ a clos	set? () yes () no (if yes add in with # bedroom
☐ Modular: (Sizex) # Bedrooms # Baths Base	ement (w/wo bath) Garage: S	Site Built Deck: C	on Frame Off Frame
TOTAL HTD SQ FT (Is the second floor fini-	shed? () yes () no Any other s	ite built additions? () yes () no
☑ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage: (:	site built?) Deck:	(site built?
(5.5)			
Duplex: (Sizex) No. Buildings: No.	. Bedrooms Per Unit:	TOTAL HTD SC	Q FT
Home Occupation: # Rooms: Use:	Hours of Operation:		#Employees:
		.	
Addition/Accessory/Other: (Sizex) Use:		Closets in add	dition? () yes () no
FOTAL HTD SQ FT GARAGE	_		
Nater Supply: County Existing Well New Well	(# of dwellings using well) *	Must have operable v	water before final
<mark>(Need to 0)</mark> Sewage Supply: New Septic Tank Expansion Reloca	Complete New Well Application at the sationExisting Septic Tank C		<mark><</mark>)
(<mark>Complete Environmental Health Checklist on other si</mark> Does owner of this tract of land, own land that contains a manufacture	de of application if Septic)) yes () no
Does the property contain any easements whether underground or ov	,		, , , , , , , , , , , , , , , , , , , ,
Structures (existing or proposed): Single family dwellings: 1 (Exist	· · · · · · · · · · · · · · · · · · ·	Other (speci	fv):
f permits are granted I agree to conform to all ordinances and laws of			
hereby state that foregoing statements are scrutate and correct to the	e best of my knowledge. Permit subje		
	1/21	/ 2023	

Signature of Owner or Owner's Agent

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots · new growth



This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT

OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

☐ Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

□ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEPTIC</u>				
If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acc	epted	{} Innovative {} Conventional {} Any		
{}} Alte	rnative	{}} Other		
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{}}YES	{ <u>X</u> } №	Does the site contain any Jurisdictional Wetlands?		
{}}YES	{ <u>X</u> } №	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	{ <u>X</u> } №	Does or will the building contain any drains? Please explain.		
{}}YES	{ X } №	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	{ <u>X</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	{ <u>x</u> } №	Is the site subject to approval by any other Public Agency?		
{}}YES	{ <u>X</u> } №	Are there any Easements or Right of Ways on this property?		
{}}YES	{ <u>X</u> } №	Does the site contain any existing water, cable, phone or underground electric lines?		
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.		

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Application #

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546 Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Tammy Aea	_Phone:(910)_580-3915
Owner (s) Mailing Address: 644 Highgrove Dr Spring Lake, NC	38390
Land Owner Name (s): Tammy Aea	Phone: (910) 580-3915
Construction or Site Address: 3049 Executive Parkway, Suite 30	00 Lehi, UT 84043
PIN # Parcel # Parcel # 1050401	0177 27
Job Cost (Required):52213.93 Description of Work to be done PV S	olar Install/ Size: 8 KW DC
(20) HANWHA Q.PEAK DUO BLK ML-G10+ 400 / (20) ENPHASE IC	
Mechanical: New Unit With Ductwork New Unit Without Ductwo	rk Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service For Progress Energy customers we need the premise	
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington: Head south on McKinney Pkwy toward Alexander Dr / Take N Highgrove Dr / Turn right onto Highgrove Dr	C-210 S and Overhills Rd to
Subdivision: HIGHGROVE @ A CRK PH4 Lot #	: 125
I <u>Leslie Scott Robinson</u> will provide the PV SOLAR INSTALL (Contractors Name) (Tra	
I am the building owner or my NC state license number is <u>L.99580</u>	, which entitles me to
perform such work on the above structure legally. All work shall comp	ly with the State Building Code and a
other applicable State and local laws, ordinances and regulations.	-
Encor Solar LLC	(704) 318-2858
Contractor's Company Name	Telephone
3049 Executive Parkway, Suite 300 Lehi, UT 84043	permits@encorsolar.com
Address	Email Address
L.99580	
License #	
Structure Owner / Contractor Signature:	Date:

By signing this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

Faxed or Mailed application could have an approximately 1-5 day process time