



RESIDENTIAL BUILDING APPLICATION

Site Address: 265 Old Montague Way, Cameron, NC 28326					9595-32-7234	1.000	
Owner: Eric Ross		Phone:	252-764-7342	Email:	erjrcr@yahoo.co	om	
Description of Pro	posed Work: contracted for	ctor installed sys or permits and ir anels with Enph	tem, then filed for baspections of residen ase inverter	nkruptcy. We're	, .,		
	<u> </u>	SENERAL CO	ONTRACTOR IN	IFORMATION	<u>1</u>		
	* Must be owner or licensed	<mark>contractor. Addı</mark>	ess, company name	& phone must m	natch information on	license.	
Renewable Energy Design Group				-336-671-1069			
General Contractor's Company Name				Phone			
90 Beechwood Dr, Lewisville, NC 27023 Address			jeff@redgroupnc.com Email				
72193							
License #							
	<u>EL</u>	ECTRICAL (CONTRACTOR	INFORMATIC	<u>on</u>		
Description of Work:	Prior contractor installed syste contracted for permits and ins (24x400W panels with Enphase)	pections of resid	bankruptcy. We're lential rooftop solar	Service Size:	200 existingAmps	T-Pole: YES □ NO □	
		se inverter		863-289-2072	·		
Renewable Energy Design Group Electrical Contractor's Company Name			Phone	2			
90 Beechwood Dr, Lewisville, NC 27023			mike@redgro	upnc.com			
Address				Email			
38171							
License #							
	MECH.	ANICAL/HV	AC CONTRACT	OR INFORMA	<u>ATION</u>		
	NI/A						
Description of Work:	N/A						
Markaniado	oda Oanna ann Nama			Dhama			
Mechanical Contracto	or's Company Name			Phone			
Address				Email			
License #							
	P	LUMBING C	ONTRACTOR IN	NFORMATIO	N		
	_				=		
Description of Work:	N/A					# of Fixtures:	
Plumbing Contractor	s Company Name			Phone			
Transing Contractor	o company ramo			1 110110			
Address				Email			
License #							
Σ.301100 π	INI	SIII ATION (CONTRACTOR I	NEORMATIO	N.		
	<u>IIN</u>	COLATION (ZITTIACTOR I	IN CINIMATIC	<u>/14</u>		
N/A							
Insulation Contractor	s Company Name			Phone			



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

Signature of Owner/Contractor/Officer of Corporation	6/24/2025 Date
Affidavit for Worker's Cor	npensation N.C.G.S. 87-14
The undersigned applicant being the:	
x General Contractor Owner Officer	Agent of the Contractor or Owner
Does hereby confirm under penalties of perjury that the person(spermit:	s), firm(s) or corporation(s) performing the work set forth in the
x Has 3 or more employees and has obtained workers' com	npensation insurance to cover them,
Has 1 or more subcontractors and has obtained workers'	compensation insurance to cover them,
Has 1 or more subcontractors who has their own policy of	f workers' compensation insurance covering themselves,
Has no more than 2 employees and no subcontractors,	
While working on the project for which this permit is sought and it the permit may require certificates of workers' compensation inst out the work prior to issuance of the permit or at any time during	urance coverage from any person, firm, or corporation carrying
	6/24/2025
Signature of Owner/Contractor/Officer of Corporation	Date