

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:	Miguel Cruz						Date _		
Site Address:	669 Juno Dr	Broadway	NC	275	05	Phone	(347)	985-3289	
	TINGEN POINTE P								
	roposed Work: PV S							96.18	
•	·	General Con							
Encor Solar	LLC					(801) 992-16	535		
Building Contract	tor's Company Nam					Telephone			
3049 Executive Parkway, Suite 300 Lehi UT 84043					permits@encorsolar.com				
Address	-					Email Address			
L.99580	HE	ATED SQ FT	C	SARA	GE SQ	FT			
License #			_						
Description of W	ork <u>PV Solar Insta</u>	Electrical Cor	ntractor KW DCSe	Infor	mation Size: _	<u>.</u> 200_Amps T-F	Pole:	YesN	
Leslie Scott	Robinson - Enco	r Solar LLC				(409) 363-4017			
Electrical Contra	ictor's Company Nai	me				Telephone			
	ve Parkway, Suit	e 300, Lehi U	T 8404	3		permits@encorsolar.com			
Address						Email Address			
U.35648									
License #	Ma	obonical/UV/AC	Contro	otor	Informa	ation			
Descriptions (IA)	· <del></del>	chanical/HVAC				ation			
Description of vv	ork						-		
Mechanical Con	tractor's Company N	lame				Telephone			
Address						Email Address			
License #									
		Plumbing Cor	ntractor	Info	rmation	<u>1</u>			
Description of Work				_# Baths					
Plumbing Contractor's Company Name			Telephone						
Address				Email Address					
License #									
		Insulation Cor	ntractor	Info	rmatior	<u>1</u>			
Insulation Contra	actor's Company Na	me & Address				Telephone			

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

DocuSigned by:

Signature of Owner/Contractor/Officer(s) of Corporation



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 <a href="by-signing-below-I have obtained all subcontractors-permission to obtain these permits">by-signing-below-I have obtained all subcontractors-permission to obtain these permits</a> and if <a href="mailto:any">any</a> 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.

11/14/2023

Date

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



Initial Application Date:	Applica	tion #
COUNTY	OF HARNETT RESIDENTIAL LAND USE APPLICATION	CU#
	gton, NC 27546 Phone: (910) 893-7525 ext:1 Fa	
**A RECORDED SURVEY MAP, RECORDED DEED	(OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHI	EN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Miguel Cruz	Mailing Address: 669 Juno Dr	
City: Broadway State: NC	Zip: 27505 Contact No: (347) 985-3289	Email: cruzcarinomiguel@gmail.com
APPLICANT*: Leslie Scott Robinson	Mailing Address: 3049 Executive	Parkway, Suite 300
City: Lehi State: UT	Zip: 84043 Contact No: (910) 284-1183	Email: permits@encorsolar.com
*Please fill out applicant information if different than landowned ADDRESS: 669 Juno Dr Broadway	NC 27505 PIN: 9597-32-6734.00	0
Zoning:Flood:Watershee		
Setbacks – Front: Back: Side:		
PROPOSED USE:		
	ns: Basement(w/wo bath): Garage: Deck:_ the bonus room finished? () yes () no w/ a close	
□ Medular: (Size v ) # Pedroems #	Baths Basement (w/wo bath) Garage: Sit	o Built Dook: On Framo Off Framo
	second floor finished? () yes () no Any other site	
☐ Manufactured Home:SWDWTW (S	Sizex) # Bedrooms: Garage:(sit	re built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Us	e: Hours of Operation:	#Employees:
☐ Addition/Accessory/Other: (Sizex) U	se: Roof Mount Solar Panels	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE		
Water Supply: County Existing Well _	New Well (# of dwellings using well) *N  (Need to Complete New Well Application at the sai	
Sewage Supply: New Septic Tank Expans (Complete Environmental Health Chec	on RelocationExisting Septic Tank Co klist on other side of application if Septic)	unty Sewer
	a manufactured home within five hundred feet (500') of	f tract listed above? () yes () no
Does the property contain any easements whether und	lerground or overhead () yes () no	
Structures (existing or proposed): Single family dwelling	gs: Manufactured Homes:	Other (specify):
I hereby state that foregoing statements are accurate a	ces and laws of the State of North Carolina regulating sund correct to the best of my knowledge. Permit subject $11/16$	to revocation if false information is provided.
Signature of Owner	or Owner's Agent D	rate
***It is the owner/applicants responsibility to provi to: boundary information, house location, und incorrect or mi	de the county with any applicable information about erground or overhead easements, etc. The county of esing information that is contained within these app pires 6 months from the initial date if permits have n	r its employees are not responsible for any lications.***

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

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 #	
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## **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:	Miguel Cruz		F	hone:_	(347)	985-3289
Owner (s) Mailing Address:_	669 Juno Dr	Broadway	NC	27505		
 Land Owner Name (s):	Miguel Cruz		F	Phone:_	(347)	985-3289
Construction or Site Address	669 Juno Dr	Broadway	NC	27505		
		_ Parcel # _ 9597	7-32-67	34.000		
Job Cost (Required): \$54,696						
(21) 18881111 Q11 2580 200	DEICTIE GEGT TO	0 / (21) 2.111	102 140	. 200 7		21112111211(0)
Mechanical: New Unit With	Ductwork Ne	w Unit Without D	uctwork	c G	as Pipir	ng Other
	<200 Amp Sei Energy customers				nnect _	Other
Plumbing: Water/Sewe	Tap Nur	nber of Baths	W	ater He	ater	
Specific Directions to Job from Go S on McKinney Pkwy to Omaha Dr. Follow Omaha	oward Alexande	<sup>-</sup> Dr. Take NC-	210 S,	Darroc	ch Rd a	and NC-27 W to
Subdivision: TINGEN POINT	ЕРН 6		_Lot #: _	175		
Leslie Scott Robinso (Contractors Name)	n will provide the	PV SOLAR INS	TALL (Trade		bor on	this structure.
I am the building owner or my	NC state license	number is L.99	580		, which	entitles me to
perform such work on the ab	ove structure legal	ly. All work shall	comply	with the	State	Building Code and all
other applicable State and lo	cal laws, ordinance	es and regulation	s.			
Encor Solar LLC				(910)	284-1	L183
Contractor's Company Name			_	Teleph	none	
3049 Executive Parkway,	Suite 300			permi	ts@end	corsolar.com
Address				Email	Addres	S
L.99580						
License #	<u></u> □ Doo	suSigned by:				
Structure Owner / Contractor	9	6C01B55414B3			Dat	11/14/2023 e:

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

Status: Completed

3049 Executive Parkway

Signed: 11/13/2023 8:23:46 AM

11/13/2023 8:17:32 AM

## **Certificate Of Completion**

Envelope Id: 6D93765A4E704BF29AC19F83099447A6

Subject: Miguel Cruz: (NC) Harnett County - Permit Application

Source Envelope:

Document Pages: 5 Signatures: 0 **Envelope Originator:** 

Certificate Pages: 1 Initials: 0 Docs Team

AutoNav: Enabled

**Envelopeld Stamping: Enabled** 

Lehi, UT 84043 Time Zone: (UTC-07:00) Mountain Time (US & Canada) DAAS@gosolo.io

IP Address: 24.10.231.156

**Record Tracking** 

Team

Status: Original Holder: Docs Team Location: DocuSign

11/10/2023 10:51:12 AM DAAS@gosolo.io

**Signer Events** Signature **Timestamp** 

Daas Sent: 11/13/2023 8:17:32 AM Completed Viewed: 11/13/2023 8:23:31 AM daas@gosolo.io

Using IP Address: 172.83.4.50 Solo

Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** 

**Envelope Sent** 

Not Offered via DocuSign

In Person Signer Events Signature **Timestamp** 

**Editor Delivery Events Status Timestamp** 

**Agent Delivery Events Status Timestamp** 

**Timestamp Intermediary Delivery Events Status** 

**Certified Delivery Events Status Timestamp** 

**Carbon Copy Events Status Timestamp** 

**Witness Events** Signature **Timestamp** 

**Notary Events** Signature **Timestamp** 

**Envelope Summary Events Status Timestamps** Hashed/Encrypted

Certified Delivered Security Checked 11/13/2023 8:23:31 AM

Signing Complete Security Checked 11/13/2023 8:23:46 AM 11/13/2023 8:23:46 AM Completed Security Checked

**Payment Events Status Timestamps**