

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: _Jason Duncan		Date		
Site Address: 36 Trenton Pl Cameron NC 28326	Phone	(240) 529-4055		
Subdivision: LEXINGTON PLANTATION		283		
Description of Proposed Work: PV Solar Install/ Size: 12.8 KW		\$78,741.94		
General Contractor Information				
Encor Solar LLC	- (704) 318-28	58		
Building Contractor's Company Name	Telephone			
3049 Executive Parkway, Suite 300 Lehi UT 84043	permits@enco	rsolar.com		
Address	Email Address			
L.99580 HEATED SQ FT GARAGE SO	Q FT			
License #				
<u>Electrical Contractor Informatio</u> Description of WorkPV Solar Install/ Size: 12.8 KW DCService Size:		ole: Yes No		
Kevin McClory	(409) 363-40			
Electrical Contractor's Company Name	Telephone			
3049 Executive Parkway, Suite 300, Lehi UT 84043	permits@encorsolar.com			
Address	Email Address			
U.35648				
License #				
Mechanical/HVAC Contractor Inform	<u>nation</u>			
Description of Work				
Mechanical Contractor's Company Name	Telephone			
Address	Email Address			
License #  Plumbing Contractor Information	n			
	<del></del>			
Description of Work	_# Baths			
Plumbing Contractor's Company Name	Talanhana			
Find the state of	Telephone			
Address	Email Address			
1				
License #  Insulation Contractor Information	<u>on</u>			
Insulation Contractor's Company Name & Address	Telephone			

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



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

Signature of Owner/Contractor/Officer(s) of Corporation  Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
The undersigned applicant be	ing the:			
X General Contractor	Owner	Х	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:				
Has three (3) or more e	employees and has	obtaine	ed 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:			Date:	



Initial Application Date:	Applica	tion #
COUNTY	OF HARNETT RESIDENTIAL LAND USE APPLICATI	CU#
	ton, NC 27546 Phone: (910) 893-7525 ext:1 Fa	
**A RECORDED SURVEY MAP, RECORDED DEED (	OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WH	EN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Jason Duncan	Mailing Address: 36 Trenton	Р
City: Cameron State: NC	Zip: 28326 Contact No: (240) 529-4055	Email: jduncan872@gmail.com
APPLICANT*: Leslie Scott Robinson	Mailing Address: 3049 Executive	Parkway, Suite 300
City: Lehi State: UT	Zip:_84043 Contact No:(910) 284-1183	
*Please fill out applicant information if different than landowner  ADDRESS: 36 Trenton P1 Cameron	NC 28326 pm, 9594-29-7886 00	0
Zoning: Flood: Watershed		
Setbacks – Front: Back: Side:		
PROPOSED USE:		
□ SFD: (Sizex) # Bedrooms: # Bath  TOTAL HTD SQ FT GARAGE SQ FT (Is		
☐ Modular: (Sizex) # Bedrooms # E  TOTAL HTD SQ FT		
	zex) # Bedrooms: Garage:(si No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms:Use	: Hours of Operation:	#Employees:
☐ Addition/Accessory/Other: (Sizex) Us	e:	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE		
Water Supply: County Existing Well Sewage Supply: New Septic Tank Expansion	Need to Complete New Well Application at the sa n Relocation Existing Septic Tank Co	<mark>me time as New Tank</mark> )
(Complete Environmental Health Check Does owner of this tract of land, own land that contains	li <mark>st on other side of application if Septic)</mark> a manufactured home within five hundred feet (500') o	f tract listed above? () yes () no
Does the property contain any easements whether under	erground or overhead () yes () no	
Structures (existing or proposed): Single family dwelling	s: Manufactured Homes:	Other (specify):
If permits are granted I agree to conform to all ordinanc I hereby state that foregoing statements are accurate at		t to revocation if false information is provided.
Signature of Owner o		Date
incorrect or mis	e the county with any applicable information aboutous rground or overhead easements, etc. The county of sing information that is contained within these app ires 6 months from the initial date if permits have reconstructions.	r its employees are not responsible for any dications.***

**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"

SEPTIC				
If applying for authorizat	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accepted	{} Innovative {} Conventional {} Any			
{}} Alternative	{}} Other			
	the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{}}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 <u>drains</u> ? Please explain.			
{}}YES	{} NO 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 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 #
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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:	Jason Duncan			Phone:_	(240)	529-4055
Owner (s) Mailing Address:	36 Trenton Pl	Cameron	NC	28326		
						_
Land Owner Name (s):	Jason Duncan			Phone:_	(240)	529-4055
Construction or Site Address:	36 Trenton Pl	Cameron	NC	28326		
			4-29-78	886.000		
Job Cost (Required): <u>\$78,741</u>	.94 Description of W	ork to be done	PV So	lar Ins	tall/	Size: 12.8 KW DC
(32) HANWHA Q.PEAK DUO						
Mechanical: New Unit With	Ductwork New	Unit Without D	Ductwor	k G	as Pipir	ng Other
	<200 Amp Servi Energy customers				nnect _	Other
Plumbing: Water/Sewer	Tap Numb	per of Baths	V	Vater He	ater	
Specific Directions to Job fror	n Lillington:					
Go S on McKinney Pkwy t		Dr. Take NC-	·210 S,	overh	ills Ro	d and Nursery
Rd to Sawyer Rd. Stay o	n Sawyer Rd. Dri	ve to Trento	n Pl.			
Subdivision: LEXINGTON PL	ANTATION		Lot #:	283		
Leslie Scott Robinso	n will provide the _	PV SOLAR INS	TALL	la	bor on	this structure.
(Contractors Name)			(Trad			
I am the building owner or my	NC state license n	umber is L.99	9580		, which	entitles me to
perform such work on the abo	ove structure legally	. All work shal	l comply	with the	State	Building Code and a
other applicable State and loc	cal laws, ordinances	and regulation	ns.			
Encor Solar LLC			_		284-1	1183
Contractor's Company Name				Teleph		_
3049 Executive Parkway,	Suite 300		_			corsolar.com
Address				Email	Addres	S
L.99580 License #						
	DocuSigne	ed by:				
Structure Owner / Contractor	Signature:	EE444D2			Dat	e:
	202000100	,011100				

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

## **Certificate Of Completion**

Envelope Id: FBD0BBC83F6D4BAE9C5C91732D38AFB1

Subject: Jason Duncan: (NC) Harnett County - Permit Application

Source Envelope:

Signatures: 0 Document Pages: 5 Envelope Originator: Docs Team

Certificate Pages: 1 Initials: 0 3049 Executive Parkway

AutoNav: Enabled Envelopeld Stamping: Enabled

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

DAAS@gosolo.io IP Address: 24.10.231.156

Viewed: 11/10/2023 12:33:39 PM

Signed: 11/10/2023 12:33:42 PM

Status: Completed

Lehi, UT 84043

**Timestamps** 

# **Record Tracking**

daas@gosolo.io

Status: Original Location: DocuSign Holder: Docs Team

11/10/2023 10:36:10 AM DAAS@gosolo.io

Signature **Signer Events Timestamp** Daas Sent: 11/10/2023 12:32:46 PM

**Status** 

Completed

Team

Using IP Address: 172.83.4.50 Solo

Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** Not Offered via DocuSign

**Payment Events** 

In Person Signer Events	Signature	Timestamp	
Editor Delivery Events	Status	Timestamp	
Agent Delivery Events	Status	Timestamp	
Intermediary Delivery Events	Status	Timestamp	
Certified Delivery Events	Status	Timestamp	
Carbon Copy Events	Status	Timestamp	
Witness Events	Signature	Timestamp	
Notary Events	Signature	Timestamp	
Envelope Summary Events	Status	Timestamps	
Envelope Sent	Hashed/Encrypted	11/10/2023 12:32:46 PM	
Certified Delivered	Security Checked	11/10/2023 12:33:39 PM	
Signing Complete	Security Checked	11/10/2023 12:33:42 PM	
Completed	Security Checked	11/10/2023 12:33:42 PM	