



Application # _____

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

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Michael Doesken Date 08/02/2024

Site Address: 810 Buchanan Rd, Lillington, NC 27546 Phone (919) 721-8311

Subdivision: _____ Lot _____

Description of Proposed Work: Installation of 50 residential solar on roof Total Job Cost \$35,000

General Contractor Information

Beam Solar _____ (980) 209-1463 _____

Building Contractor's Company Name _____ Telephone _____

1231 Shields Rd, Suite 5, Kernersville, NC 27284 _____ permits@beamsolarco.com _____

Address _____ Email Address _____

99315 _____ **HEATED SQ FT** _____ **GARAGE SQ FT** _____

License #

Electrical Contractor Information

Description of Work Electrical wiring, DERATE TO 150A Service Size: 200 Amps T-Pole: ___ Yes ___ No

Beam Solar _____ (980) 209-1463 _____

Electrical Contractor's Company Name _____ Telephone _____

1231 Shields Rd, Suite 5, Kernersville, NC 27284 _____ permits@beamsolarco.com _____

Address _____ Email Address _____

SP.SFD.34982 _____

License #

Mechanical/HVAC Contractor Information

Description of Work _____

_____ Mechanical Contractor's Company Name _____ Telephone _____

_____ Address _____ Email Address _____

_____ License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

_____ Plumbing Contractor's Company Name _____ Telephone _____

_____ Address _____ Email Address _____

_____ License #

Insulation Contractor Information

_____ 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 **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.

[Signature]

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

08/02/2024

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:

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: *[Signature]* Permit Tech Date: 08/02/2024