

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
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: Country Cable DBA Carolina Connections Phone: 336-585-1314 ext 333

Owner (s) Mailing Address: 422 Huffman Mill Road, Ste 105, Burlington, NC 27215

Land Owner Name (s): Keith and Kristen Sult Phone: 845-401-3635

Construction or Site Address: 166 Clyde Dog Court, Lillington, NC 27546

PIN # 0539-71-7888-000 Parcel # 1005390004 20

Job Cost (Required): \$43,160.49 Description of Work to be done Install roofing solar interconnecting to the current Duke Energy grid through existing electrical service equipment-no battery - 19 panels, 10 microinverters and racking. 348.44 sq ft

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Take E Front Street to S Main Street, take NC 27W to Holder Road, Take Double Barrel Street to Clyde Dog Ct

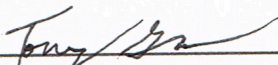
Subdivision: Duncan's Crossing Lot #: 13

I Tony Gingrich will provide the General Contracting labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 101681, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Country Cable DBA Carolina Connections
Contractor's Company Name
422 Huffman Mill Road, Ste 105, Burlington, NC 27215
Address
101681
License #

336-585-1314 ext 333
Telephone
tony@carolinaconnections.com
Email Address

Structure Owner / Contractor Signature:  Date: 12-04-2024

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

Application # _____

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Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Take E Front Street to S Main Street, take NC 27W to Holder Road, Take Double Barrel Street to Clyde Dog Ct

Subdivision: Duncan's Crossing Lot #: 20

I Tony McCulloch Jr will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 1.22598, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Country Cable DBA Carolina Connections
Contractor's Company Name
422 Huffman Mill Road, Ste 105, Burlington, NC 27215
Address
1.22598
License #

336-585-1314 ext 333
Telephone
tonytiff9736@gmail.com
Email Address

Structure Owner / Contractor Signature: Tony W McCulloch Jr Date: 12/04/2024

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



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: Keith and Kristen Sult Date 12/04/2024
Site Address: 166 Clyde Dog Court, Lillington, NC 27546 Phone 845-401-3635
Subdivision: Duncan's Crossing Lot 20
Description of Proposed Work: Rooftop Solar Installation Total Job Cost \$43,160.49

General Contractor Information

Country Cable DBA Carolina Connections 336-585-1314 ext 333
Building Contractor's Company Name Telephone
422 Huffman Mill Road, Ste 105, Burlington, NC 27215 stacy@carolinaconnections.com
Address Email Address
101681 HEATED SQ FT 2424 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work Rooftop Solar Installation Service Size: _____ Amps T-Pole: ___Yes ___No
Country Cable DBA Carolina Connections 336-585-1314 ext 333
Electrical Contractor's Company Name Telephone
422 Huffman Mill Road, Ste 105, Burlington, NC 27215 stacy@carolinaconnections.com
Address Email Address
1.22598
License #

Mechanical/HVAC Contractor Information

Description of Work n/a
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work n/a # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

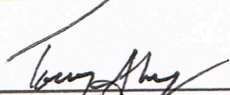
Insulation Contractor Information

n/a
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 of Owner/Contractor/Officer(s) of Corporation

12/04/2024

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: Stan Bluez Project Manager Date: 12/04/2024

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE (N.C.G.S. §87-14)

The undersigned applicant for Building Permit # _____ being the:

- ...Contractor
- ...Owner
- ...Officer/Agent of the Contractor or Owner

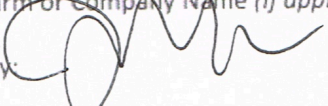
do hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ...has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- ...has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,
- ...has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- ...has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' 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.

THE SIGNATURE OF THE QUALIFIER OF THE LICENSCE MUST BE NOTARIZED BELOW.

Firm or Company Name (If applicable):

By: 

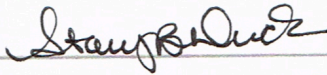
Title (If applicable): Finance Director

Email: Jennifer@CarolinaConnections.com

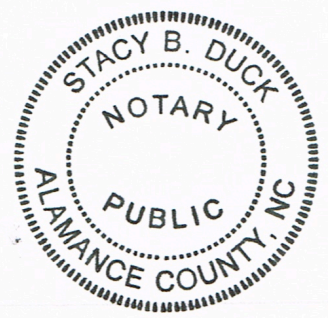
Date: MM/DD/YYYY
12/04/2024

I, Stacy Duck, a Notary Public for Alamance County and State of North Carolina do hereby certify that Jennifer Holcomb personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 4th day of December, 2024.

Notary Public Signature: 

My Commission Expires: 12-20-2028



Initial Application Date: 12/04/2024

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Keith and Kristen Sult Mailing Address: 166 Clyde Dog Court Lillington NC 27546 Contact No: 845-401-3635 Email: krsult29@gmail.com

APPLICANT*: Stacy Duck Mailing Address: 422 Huffman Mill Road, Ste 105 Burlington NC 27215 Contact No: 336-585-1314 ext 333 Email: stacy@carolinaconnections.com

ADDRESS: 166 Clyde Dog Court, Lillington, NC 27546 PIN: 0539-71-7888-000 Zoning: Harnett Flood: n/a Watershed: Deed Book / Page: 4207:2398

Setbacks - Front: Back: Side: Corner:

PROPOSED USE:

SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Monolithic TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: SW DW TW (Size x) # Bedrooms: Garage: (site built?) Deck: (site built?)

Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT

Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

Addition/Accessory/Other: (Size 348.44 sqft x) Use: Rooftop solar install to existing home 19 panels, 10 microinverters and racking Closets in addition? () yes () no TOTAL HTD SQ FT 2424 sqft GARAGE n/a

Water Supply: County Existing Well X New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: Single Family Manufactured Homes: Other (specify):

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent: Stacy Duck Project Manager Date: 12/04/2024

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

****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

- **All property irons must be made visible.** 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 **undergrowth** 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 authorization 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 applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO 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.