

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: Jacob Walters		Date 2-10-2025
Site Address: 373 Winding Crk Dr, Lillington, NC 27546		
Subdivision:		
Description of Proposed Work: Installation of Residential Solar Roofto		
General Contractor Informatio		
EMDWP Solar LLC	<u></u> 854 999-4837	,
Building Contractor's Company Name	Telephone	
1007 Johnnie Dodds Blvd STE 111 Mount Pleasant, SC 29464	•	sp@permitflowteam.co
Address	Email Address	
85891 HEATED SQ FT GARAGE S		
License #		
Electrical Contractor Informatic Description of Work <u>Installation of Residential Solar Rooftop</u> Service Size:	<u>)</u> 200 Ampa Tr	Polo: Voo X No
	-	Pole. <u>res π</u> no
EMPWR Solar LLC Electrical Contractor's Company Name	854 999-4837 Telephone	
1007 Johnnie Dodds Blvd STE 111 Mount Pleasant, SC 29464		sp@permitflowteam.co
Address	Email Address	sp@permitilowteam.co
5001633		
37968 License # Mechanical/HVAC Contractor Inform	nation	
37968 License # Mechanical/HVAC Contractor Inform Description of Work	nation	-
<u>37968</u> License # Description of Work Mechanical Contractor's Company Name	nation	-
<u>37968</u> License # Description of Work Mechanical Contractor's Company Name Address License #	Telephone Email Address	-
37968 License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address	-
37968 License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address	
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37968 License # Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	nation Telephone Email Address on # Baths Telephone	-
<u>37968</u> License # <u>Mechanical/HVAC Contractor Inform</u> Description of Work Mechanical Contractor's Company Name Address License #	mation Telephone Email Address on # Baths Telephone Email Address	-



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.

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

2-10-2025

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:
\checkmark Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
$\frac{\checkmark}{1}$ 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: Benjamin Hubbard - Contractor Date: 2-10-2025