

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: Steven Richardson Date 5/8/2025  
Site Address: 81 Knoll Way, Sanford, NC 27332 Phone 864-908-1367  
Subdivision: Briarwood Bluff Lot 4  
Description of Proposed Work: Rooftop Solar Installation Total Job Cost \$30,996

**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 2053 GARAGE SQ FT  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Rooftop Solar Installation Service Size: \_\_\_\_\_ Amps T-Pole: Yes X 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**

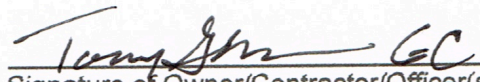
n/a  
\_\_\_\_\_  
Insulation Contractor's Company Name & Address Telephone

**\*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

5/8/2025  
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:

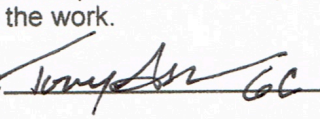
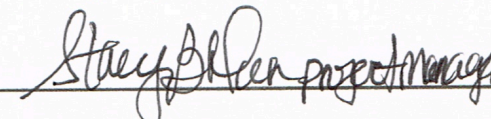
☒ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

☐ 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:  GC  Stacy Allen project manager Date: 5/8/25



Initial Application Date: 5/8/2025

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: Steven Richardson Mailing Address: 81 Knoll Way  
 City: Sanford State: NC Zip: 27332 Contact No: 864-908-1367 Email: stever1001@gmail.com

APPLICANT\*: Country Cable DBA Carolina Connections Mailing Address: 422 Huffman Mill Road, Ste 105  
 City: Burlington State: NC Zip: 27215 Contact No: 336-585-1314 ext 333 Email: stacy@carolinaconnections.com  
 \*Please fill out applicant information if different than landowner

ADDRESS: 81 Knoll Way, Sanford, NC 27332 PIN: 9588-65-5559.000

Zoning: Harnett Flood: n/a Watershed: \_\_\_\_\_ Deed Book / Page: 2024:336

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**PROPOSED USE:**

☐ SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
**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 435.11 sqft x \_\_\_\_\_) Use: Rooftop solar install to existing home 23 panels, 23 Optimizers, 1 SolarEdge inverter and racking Closets in addition? ( ) yes ( ) no  
**TOTAL HTD SQ FT** 2056 **GARAGE** n/a

Water Supply: \_\_\_\_\_ County X Existing Well \_\_\_\_\_ 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 X 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 ( ) 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.

Stacy Duck 5/8/2025  
 Signature of Owner or Owner's Agent Date

**\*\*\*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**

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**

- **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**:

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



**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 333Owner (s) Mailing Address: 422 Huffman Mill Road, Ste 105, Burlington, NC 27215Land Owner Name (s): Steven Richardson Phone: 864-908-1367Construction or Site Address: 81 Knoll Way, Sanford, NC 27332PIN # 9588-65-5559.000 Parcel # 039588 000509Job Cost (Required): \$30996.00 Description of Work to be done Install roofing solar interconnecting to the currentDuke Energy grid through existing electrical service equipment-no battery - 23 panels, 23 Optimizersm 1 SolarEdge  
Inverter and racking. 3 arrays - 435.11sq ft totalMechanical: 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:North on Autry Road, Left on NC 27, Right on BBQ Church Road, Right on Rosser Pittman road, Right on Knoll WaySubdivision: Briarwood Bluff Lot #: 4I Tony McCulloch Jr will provide the Electricial labor on this structure.  
(Contractors Name) (Trade)I am the building owner or my NC state license number is 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

22598

License #

336-585-1314ext 333

Telephone

Tonytiff9736@gmail.com

Email Address

Structure Owner / Contractor Signature: Tony McCulloch JrDate: 05/18/2025

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**



**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 333Owner (s) Mailing Address: 422 Huffman Mill Road, Ste 105, Burlington, NC 27215Land Owner Name (s): Steven Richardson Phone: 864-908-1367Construction or Site Address: 81 Knoll Way, Sanford, NC 27332PIN # 9588-65-5559.000 Parcel # 039588 000509Job Cost (Required): \$30996.00 Description of Work to be done Install roofing solar interconnecting to the currentDuke Energy grid through existing electrical service equipment-no battery - 23 panels, 23 Optimizersm 1 SolarEdge  
Inverter and racking. 3 arrays - 435.11sq ft totalMechanical: 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:North on Autry Road, Left on NC 27, Right on BBQ Church Road, Right on Rosser Pittman road, Right on Knoll WaySubdivision: Briarwood Bluff Lot #: 4I Tony Gingrich will provide the General Contractor 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

Tonytiff9736@gmail.com

Email Address

Structure Owner / Contractor Signature: Tony Gingrich Date: 5/8/2025By 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**