

strong roots \bullet new growth

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 222 Blue Monarch Ln	PIN:
Owner: Charles StizzaPhone: (919) 946	6-8284 Email: <u>cstizzor@proton.m.</u>
Description of Proposed Work: Rooftop solar with battery	
	ACTOR INFORMATION
* Must be owner or licensed contractor. Address, com	npany name & phone must match information on license.
Tesla Energy Operations	774-281-0377
General Contractor's Company Name	Phone
10312 Globe Road Morrisville NC, 27560	eoutslay@tesla.com
Address	Email
77560	
License #	
ELECTRICAL CONTR	RACTOR INFORMATION
Description of Work: Rooftop Solar with battery storage	Service Size: 200 Amps T-Pole: YES □ NO □
Tesla Energy Operations	774-281-0377
Electrical Contractor's Company Name	Phone
1032 Globe Rd. Morrisville, NC, 27560	eoutslay@tesla.com
Address U30801	Email
License #	
	NTRACTOR INFORMATION
MEGHANICAEMIVACOO	NTRACTOR IN CHINATION
Description of Work:	
Description of work.	
	Dhana
Mechanical Contractor's Company Name	Phone
Address	Email
Address	Citian
License #	
	ACTOR INFORMATION
PEGMBING CONTIN	ACTOR IN CHIMATION
Description of Work:	# of Fixtures:
Description of Work.	,, o. i. m. a.
Di tiè e Ocute de Common Norma	Phone
Plumbing Contractor's Company Name	Filone
Address	Email
Addiess	
License #	
	ACTOR INFORMATION
MODEL HON CONTIN	
Insulation Contractor's Company Name	Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Vaniel Ponzi	6/3/25	
Signature of Owner Contractor/Officer of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
X General Contractor Owner Officer/Agent of the Co	ontractor or Owner	
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
X Has 3 or more employees and has obtained workers' compensation insurance to cover them,		
Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,		
Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,		
Has no more than 2 employees and no subcontractors,		
While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.		
Signature of Owner/Contractor/Officer of Corporation	6/3/25	
Signature of Owner/Contractor/Officer of Corporation	Date	