



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out
by whomever performing work.
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: David Krakowski Date: 6/2/25
Site Address: 2228 Buckhorn Rd Sanford, NC 27330 Phone: 919-602-4917
Subdivision: _____ Lot: _____
Description of Proposed Work: Installing new solar inverter and battery (off grid system) Total Job Cost: 21,300
and underground trench for electrical work

General Contractor Information

Southern Energy Management 919-602-4917
Building Contractor's Company Name Telephone
5908 Triangle Dr Raleigh, NC 27617 solaradmin@southern-energy.com
Address Email Address

69072 U HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work: Installing new inverter and battery-off grid solar Service Size: 200 Amps T-Pole: ___ Yes x No
Southern Energy Management 919-602-4917
Electrical Contractor's Company Name Telephone
5908 Triangle Dr Raleigh, NC 27617 solaradmin@southern-energy.com
Address Email Address
31374 U

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.

Sarah Davis

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

6/2/25

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: *Sarah Davis* Solar Project Manager Date: 6/2/25