



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: Samuel Lee Date 06/27/2025
Site Address: 483 Red Cedar Wy, Fuquay-Varina, NC 27526 Phone (502) 645-1561
Subdivision: WOODGROVE Lot 177
Description of Proposed Work: Installation of Residential Solar Roof Mount Total Job Cost \$25,221

EMPWR Solar LLC

General Contractor Information

(702) 601-4665

Building Contractor's Company Name
1007 Johnnie Dodds Blvd STE 111, Mount Pleasant SC 29464

Telephone
es_483red_rsrp@permitflowteam.com

Address
89851

Email Address

License #

HEATED SQ FT

GARAGE SQ FT

Electrical Contractor Information

Description of Work Installation of Residential Solar Roof Mount Service Size: 200 Amps T-Pole: Yes ☒ No
EMPWR Solar LLC (702) 601-4665

Electrical Contractor's Company Name
1007 Johnnie Dodds Blvd STE 111, Mount Pleasant SC 29464

Telephone
es_483red_rsrp@permitflowteam.com

Address
37968

Email Address

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.

Kelly Miles

06/27/2025

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

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner X 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:

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

 X 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: Araceli Campos Project Manager Date: 06/27/2025