



strong roots • 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: 5445 Red Hill Church Rd. PIN: 071519 0037
Coats, NC 27521
Owner: Mary Beth Allison Moon Phone: 919-324-4700 Email: Lmoon11@att.net
Lisa Ruth Allison Moon
Description of Proposed Work: Roof top solar with battery storage Total Job Cost: \$44,410

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Wiring Solutions Plus 984-200-7489
General Contractor's Company Name Phone
4724 Hargrove Rd suite 192, Raleigh NC 27616 wiringolutionsoffice@gmail.com
Address Email
870.50
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Installing Solar on homes roof Service Size: 200 Amps T-Pole: YES ☐ NO ☒
with battery storage
Wiring Solutions Plus 984-200-7489
Electrical Contractor's Company Name Phone
4724 Hargrove Rd suite 192, Raleigh NC 27616 wiringolutionsoffice@gmail.com
Address Email
25181-L
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name _____ Phone _____

APPLICATION CONTINUES ON BACK



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.

Marcus Doss
Signature of Owner/Contractor/Officer of Corporation

8/21/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ 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.

Marcus Doss
Signature of Owner/Contractor/Officer of Corporation

8/21/25
Date