



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 or licensed
contractor. Address, company
name & phone must match
information on license.

Application for Residential Building and Trades PermitOwner's Name: Jonathan Edwards Date: 09/30/2025Site Address: 170 Homestead Rd Angier NC 27501 Phone: 207-402-4255

Subdivision: _____ Lot: _____

Scope of Work: Solar Installation of 12.460 KW Residential Roof-Mounted PV System and One Tesla Power Wall Battery Backup
with TESLA Universal Wall Connector.

Total Job Cost : \$ 22,900

General Contractor8MSolar LLC

Building Contractor's Company Name

5112 Departure Dr Raleigh NC 27616

Address

82456

License # _____

919-948-6475

Telephone

s.khan@8msolar.com

Email Address

Electrical Contractor InformationDescription of Work Solar Installation of 12.460 KW residential Service Size: 200 Amps T-Pole: ___ Yes ___ No
8MSolar LLC roof-mounted PV system and One Tesla Power Wall Battery Backup919-948-6474

Electrical Contractor's Company Name

5112 Departure Dr Raleigh NC 27616

Address

35668

License # _____

Telephone

s.khan@8msolar.com

Email Address

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.

Shahzaib Khan

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

09/30/2025

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: *Shahzaib Khan* Engineering and Design Supervisor Date: *09/30/2025*