



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: William Sibley Date 10/20/2025
Site Address: 7064 US-401, Fuquay-Varina, NC 27526 Phone 919-270-1119
Subdivision: William Sibley Lot 1
Description of Proposed Work: Rooftop Solar Installation Total Job Cost \$33,696

General Contractor InformationCountry Cable DBA Carolina Connections336-585-1314 ext 333

Building Contractor's Company Name

Telephone

422 Huffman Mill Road, Ste 105, Burlington, NC 27215stacy@carolinaconnections.com

Address

Email Address

101681HEATED SQ FT 2886GARAGE SQ FT

License #

Electrical Contractor InformationDescription of Work Rooftop Solar Installation Service Size: 200 Amps T-Pole: Yes X NoCountry Cable DBA Carolina Connections336-585-1314 ext 333

Electrical Contractor's Company Name

Telephone

422 Huffman Mill Road, Ste 105, Burlington, NC 27215stacy@carolinaconnections.com

Address

Email Address

1.22598

License #

Mechanical/HVAC Contractor InformationDescription of Work n/a

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor InformationDescription of Work n/a # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Informationn/a

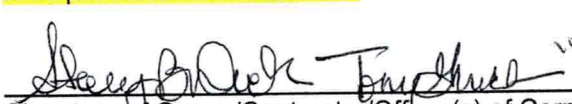
Insulation Contractor's Company Name & Address

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.


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

10/20/2025
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:

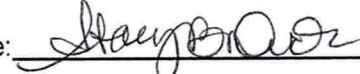
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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: 

Date: 10/20/2025