



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 Permit**Owner's Name: Tricia L Brookover Date: 11/07/2025Site Address: 96 Declaration Dr. Cameron, NC 28326 Phone: 253-227-8432

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Scope of Work: Solar Installation of 11.960 KW Residential Roof-Mounted PV System and One Tesla Power Wall Battery Backup.

Total Job Cost : \$33,253.00

**General Contractor**8MSolar 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 Information**Description of Work Solar Installation of 11.960 KW residential Service Size: 200 Amps T-Pole:    Yes    No8MSolar LLCroof-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 &amp; 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

11/07/2025  
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: 11/07/2025