

Application # _____

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

Application for Residential Building and Trades Permit

| Owner's Name: William Respess | Date 08/26/2022 | |
|---|-------------------------------------|---------|
| Site Address: 36 Rock Ridge PI, Coats, NC 27521 | Phone 919-673-0762 | |
| Subdivision: LOT#5 JAMES E JOHNSON III MAP#2021-322 | Lot #5 | |
| Subdivision: | | |
| Description of Proposed Work: residential rooftop solar pv1,12.765kw | Total Job Cost 471, 100.20 | |
| General Contractor Information | 055 007 1010 | |
| Top Tier Solar Solutions -Jason Harmon | 855-997-1213 | |
| Building Contractor's Company Name | Telephone | ne com |
| 266 GLENN VILLAGE CIRCLE BLYTHEWOODWOOD, SC 29010 | Email Address | 13.0011 |
| Address 87345 HEATED SO ET GARAGE SO | | |
| License # | | |
| Electrical Contractor Information | L. | |
| Description of Work Residential Rooftop solar PV1, Flush Mounted. Service Size: 2 | Amps T-Pole:YesNo | |
| SHANNON DEE WHITTAKER/ TOP TIER SOLAR SOLUTIONS, LLC | 855-997-1213 | |
| Electrical Contractor's Company Name | Telephone | |
| 266 GLENN VILLAGE CIRCLE BLYTHEWOODWOOD, SC 29016 | accountmanager@toptiersolarsolution | ns.com |
| Address | Email Address | |
| U.35028 | | |
| License # Mechanical/HVAC Contractor Information | ation | |
| | auon | |
| Description of Work | | |
| Mechanical Contractor's Company Name | Telephone | |
| Mechanical Contractor's Company Name | relephone | |
| Address | Email Address | |
| Addiess | Ellium Addition | |
| License # | | |
| Plumbing Contractor Information | L | |
| Description of Work | # Baths | |
| | 25 | |
| Plumbing Contractor's Company Name | Telephone | |
| | | |
| Address | Email Address | |
| | | |
| License # | | |
| Insulation Contractor Information | L _e | |
| 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.

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| / Hamseem | 08/26/2022 |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date |
| | |
| | |
| Affidavit for Worker's Comp The undersigned applicant being the: | ensation N.C.G.S. 87-14 |
| X General Contractor Owner Owner | Officer/Agent of the Contractor or Owner |
| Do hereby confirm under penalties of perjury that the personant forth in the permit: | on(s), firm(s) or corporation(s) performing the work |
| Has three (3) or more employees and has obtained | workers' compensation insurance to cover them. |
| Has one (1) or more subcontractors(s) and has obtathem. | ained workers' compensation insurance to cover |
| $\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has the | ir own policy of workers' compensation insurance |
| Has no more than two (2) employees and no subco | intractors. |
| While working on the project for which this permit is sough Department issuing the permit may require certificates of of to issuance of the permit and at any time during the permit carrying out the work | coverage of worker's compensation insurance prior |
| Sign w/Title: Number GENERAL | CONTRACTOR Date: 08/25/2002 |