

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: Lanite McDougald		Date 10/26/2022
Site Address: 2795 Wire Rd, Erwin, NC 28339	Phone	910-818-1507
Subdivision:	Lot	
Description of Proposed Work: 57 roof mounted solar panels grid tied	Total Job Cost	74727
19.66 KW General Contractor Information		
Jason Harman/Top Tier Solar Solutions	855-997-1213	
Building Contractor's Company Name	Telephone	
1530 Center Park Drive	accountmanage	er@toptiersolarsolutions.com
Address	Email Address	
87345 HEATED SQ FT GARAGE SQ	FT	
License #		
Description of Work 57 roof mounted solar panels grid tie Service Size: 2		ole:YesNo
Michael Whitson/Top Tier Solar Solutions	855-997-1213	
Electrical Contractor's Company Name	Telephone	
1530 Center Park Drive	accountmanage	er@toptiersolarsolutions.com
Address	Email Address	oracione de la companya de la compan
U.35673		
License #		
Mechanical/HVAC Contractor Information	ation_	
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	1	
insulation contractor information	<u> </u>	
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.

Wichael Whitney

Signature of Owner/Contractor/Officer(s) of Corporation  Date				
A (C' 1 ' ( )		0		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Top Tier Solar Solutions				
x General Contractor	Owner	Officer/Agent of the Contractor or Owner		
Do hereby confirm under penalties set forth in the permit:	of perjury that th	he person(s), firm(s) or corporation(s) performing the work		
x Has three (3) or more empl	oyees and has ob	btained workers' compensation insurance to cover them.		
Has one (1) or more subcorthem.	ntractors(s) and h	has obtained workers' compensation insurance to cover		
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.				
Department issuing the permit may to issuance of the permit and at ar carrying out the work.	y require certifica by time during the	s sought it is understood that the Central Permitting ates of coverage of worker's compensation insurance prior e permitted work from any person, firm or corporation		
Sign w/Title: Michael Wh	itson	Date: 10/27/2022		