

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: Michael Sperico		Date 11/10/2022
Site Address: 165 Jared Dr, Fuquay-Varina, NC 27526	Phone	(919) 285-9865
Subdivision: Calvins Place	1 ot 8	
Subdivision: Calvins Place Description of Proposed Work: 30 roof mounted grid tied solar panels, installe on existing structure 11 55 KW	^d Total Job Cost _	52,500.00
General Contractor Informati	<u>on</u>	
Top Tier Solar Solutions	855-997-1213	
Building Contractor's Company Name	Telephone	
1530 Center Park Drive Charlotte NC 28217	accountmanager@toptiersolarsolutions.co	
Address	Email Address	
	SQ FT	
License #	•	
Description of Work Solar Top Solar Panels Service Size	: <u>ION</u> a ^{. 200} Amps T-Pr	ole: Yes No
Description of Work Solar Top Solar Panels Service Size	855-997-1	213
Electrical Contractor's Company Name	855-997-1213 Telephone	
1530 Center Park Drive Charlotte NC 28217	accountmanager@toptiersolarsolutions.co	
Address	Email Address	
U.35673		
License #		
Mechanical/HVAC Contractor Info	<u>rmation</u>	
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Address		
	Email Address	
License #		
License # Plumbing Contractor Information		
Plumbing Contractor Informat	tion	
Plumbing Contractor Informat	t ion # Baths	
Plumbing Contractor Informat	t <u>ion</u> # Baths Telephone Email Address	



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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

---- DocuSigned by:

Michael David Whitson

11/10/2022

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Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
X General Contractor C	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:			
X Has three (3) or more employees	and has obtained workers' comp	ensation insurance to cover them.	
Has one (1) or more subcontractor them.	ors(s) and 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.			
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: COO	Michael David Whitson	11/10/2022 Date:	