

		Application #	
e owner/occupier or contractor. Address, y name & phone must formation on license.	Harnett County Central Permiti 420 McKinney Pkwy Lillington, NC 27 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.har	546	
	Application for Residential Building and	Trades Permit	
Owner's Name: Meag	ghan Nitchals	Date 11/16/2022	
	K St, Erwin, NC 28339	(202) 526 2525	
Subdivision: Clevela		Lot 96	
Description of Propose	ed Work: <u>34 roof mounted solar panels on</u> existing structure 13.09KW General Contractor Informat	Total Job Cost <u>69,145.45</u>	
Top Tier Solar Solu		805-813-4362	
Building Contractor's (Telephone	
1530 Center Park D	Drive Charlotte NC 28217	vkleinhandler@toptiersolarsolutio	
Address		Email Address	
87345	HEATED SQ FT GARAGE	SQ FT	
License #			
str	Final contractor Information for the solar panels on existing Service Siz ructure 13.09KW	e: 200 Amps T-Pole: Yes No	
Top Tler Solar Solutions Electrical Contractor's	Company Name	<u>805-813-4362</u> Telephone	
Electrical Contractor's Company Name			
1530 Center Park Drive		vkleinhandler@tontiersolarsolutions.com	
1530 Center Park Drive Address		vkleinhandler@toptiersolarsolutions.com Email Address	
Address		Email Address	
Address U.35673		Email Address	
Address U.35673 License #		Email Address	
Address U.35673 License # Description of Work _		Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address		Email Address	
Address U.35673 License # Description of Work Mechanical Contractor		Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address License #	r's Company Name	Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address License #	r's Company Name Plumbing Contractor Informa	Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address License # Description of Work	r's Company Name Plumbing Contractor Informa	Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's	r's Company Name Plumbing Contractor Informa s Company Name	Email Address	
Address U.35673 License # Description of Work Mechanical Contractor Address License # Description of Work Plumbing Contractor's Address	r's Company Name Plumbing Contractor Informa	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:

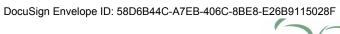
Michael David Whitson

11/16/2022

Signature of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
x General Contractor Owner Officer/A	Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), fir set forth in the permit:	rm(s) or corporation(s) performing the work	
\underline{X} Has three (3) or more employees and has obtained worker	s' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained w them.	orkers' 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 subcontractor	S.	
While working on the project for which this permit is sought it is un Department issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work carrying out the Warked by:	e of worker's compensation insurance prior	
Sign W/Title: Michael David Whitson	_{Date:} 11/16/2022	





Initial Application Date: 10/27/2022	Application #		
	HARNETT RESIDENTIAL LAND USE APPLICATION , NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910	CU#	
	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBI	· ·	
LANDOWNER: Meaghan Nitchals	Mailing Address: 203 E K St		
	p: 28339 Contact No: (803) 586-2535 Email:	Meaghan.nitchals@gmail.com	
APPLICANT*: Top Tier Solar Solutions			
City: <u>Charlotte</u> State: <u>NC</u> Zi *Please fill out applicant information if different than landowner	p: <u>28217-2911</u> Contact No: <u>855-997-1213</u> Email:	vkleinhandler@toptiersolarsolutions	
ADDRESS: 203 E K St, Erwin, NC 28339			
Zoning: Flood: Watershed:			
Setbacks – Front: Back: Side:	-		
PROPOSED USE:			
SFD: (Size) # Bedrooms: # Baths:	Basement(w/wo bath): Garage: Deck: C	Monolithic rawl Space: Slab: Slab:	
TOTAL HTD SQ FT GARAGE SQ FT (Is the	· · · · -		
Modular: (Sizex) # Bedrooms # Bath TOTAL HTD SQ FT (Is the seco			
Manufactured Home:SWDWTW (Size)	x) # Bedrooms: Garage:(site built?	?) Deck:(site built?)	
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit: To	DTAL HTD SQ FT	
Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:	
	34 roof mounted solar panels on existing structure 13.09KV	V_	
		Closets in addition? () yes () no	
TOTAL HTD SQ FT GARAGE			
Water Supply: County Existing Well Sewage Supply: New Septic Tank Expansion (Complete Environmental Health Checklist Does owner of this tract of land, own land that contains a m	(Need to Complete New Well Application at the same time RelocationExisting Septic TankCounty Se on other side of application if Septic)	<mark>e as New Tank</mark>) ewer	
Does the property contain any easements whether underg		3100 above: () yes () 110	
Structures (existing or proposed): Single family dwellings:_		Other (specify)	
If permits are granted I agree to conform to all ordinances I hereby state that for egoing statements are accurate and of Michael David Wulfson	correct to the best of my knowledge. Permit subject to revo 11/16/2022	ocation if false information is provided.	
Signature of Owner or C	Owner's Agent Date Date Date Date Date subject the subject of the subj	biost property, including but not limited	
to: boundary information, house location, undergr incorrect or missin	the county with any applicable information about the su cound or overhead easements, etc. The county or its en og information that is contained within these application s 6 months from the initial date if permits have not bee	nployees are not responsible for any ns.***	
APPLICATION CONTINUES ON BACK			

strong roots • new growth

This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property*.
- <u>All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for</u> <u>failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.</u>

<u>Environmental Health Existing Tank Inspections</u>

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

SEPTIC

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{} Accepted	{}} Innovative	<pre>{} Conventional</pre>	{} Any
{ } Alternative	{ } Other		

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

{}}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{}} NO	Does or will the building contain any <u>drains</u> ? Please explain
{}}YES	{}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{}} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{}} NO	Is the site subject to approval by any other Public Agency?
{}}YES	{}} NO	Are there any Easements or Right of Ways on this property?
{}}YES	{} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.