



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: Aquil Krips Date _____
Site Address: 116 Winding Crk Dr, Lillington, NC 27546 Phone 786-830-0200
Subdivision: The Farm at Neills Creek Lot 123
Description of Proposed Work: 18 PV Solar roof mounted modules, 7.02kW, grid tied, flush mounted, installed on existing structure Total Job Cost \$ 47,658.21

General Contractor Information

Top Tier Solar Solutions, LLC 855-997-1213
Building Contractor's Company Name Telephone
1530 Center Park Dr, Charlotte, NC 28217 tholbrook@toptiersolarsolutions.com
Address Email Address accountmanager@toptiersolarsolutions.com
87345 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work 18 PV Solar roof mounted modules, 7.02kW, grid tied, flush mounted, installed on existing structure Service Size: _____ Amps T-Pole: ___ Yes ___ No
Top Tier Solar Solutions, LLC 855-997-1213
Electrical Contractor's Company Name Telephone
1530 Center Park Dr, Charlotte, NC 28217 tholbrook@toptiersolarsolutions.com
Address Email Address accountmanager@toptiersolarsolutions.com
U.35673
License #

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 & 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.

DocuSigned by:

Michael David Whitson

2/1/2023

Signature of Owner/Contractor/Officer(s) of Corporation

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.

DocuSigned by:

Michael David Whitson

Chief Operating Officer

Date: 2/1/2023

Sign w/Title: