

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: Bjorn Steinhauser	Date 4/11/2023
Site Address: 45 Nut Tree Cir, Lillington, NC 2754	
Subdivision: WOODSHIRE  Description of Proposed Work: 27 PV Solar roof mounted modules flush mounted, installed on existing	s, 10.665 kW, grid tied, Total Job Cost 67,544.26
General Contract	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213
Building Contractor's Company Name	Telephone
1530 Center Park Dr. Charlotte NC 28217	accountmanager@toptiersolarsolutions.com
Address	Email Address
87345 <b>HEATED SQ FT</b> 584.2	8 GARAGE SQ FT
License #	
Description of Work 27 PV Solar roof mounted modules, 10.665 kW, grid tied, flush mounted, installed on existing structure.	Sorvice Size: 200 Amps T Pole: Ves X No.
Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213
Electrical Contractor's Company Name	Telephone
1530 Center Park Dr. Charlotte NC 28217	accountmanager@toptiersolarsolutions.com
Address	Email Address
U.35673	Email Address
License #	
Mechanical/HVAC Cor	ntractor Information
Description of Work	
<u> </u>	<u> </u>
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contract	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
	=
Address	Email Address
License #	
Insulation Contrac	ctor Information
Insulation Contractor's Company Name & Address	

\*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.

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

4/11/2023

Date

	Affidavit for	Worker's Con	pensation N.C.G.S.	87-1 <i>/</i>	
The ur	ndersigned applicant being the:	WOIKEI S COII	iperisation N.C.C.S.	07-14	
Х	General Contractor	Owner	_ Officer/Agent of the Cor	ntractor or Owner	
	reby confirm under penalties of p th in the permit:	perjury that the pe	erson(s), firm(s) or corpora	ation(s) performing the work	
X	Has three (3) or more employee	es and has obtain	ed workers' compensatior	n insurance to cover them.	
them.	Has one (1) or more subcontract	ctors(s) and has o	btained workers' compens	sation insurance to cover	
coverii	Has one (1) or more subcontracting themselves.	ctors(s) who has t	heir own policy of workers	s' compensation insurance	
	Has no more than two (2) emplo	oyees and no sub	contractors.		
Depart to issu carryin	working on the project for which tment issuing the permit may recance of the permit and at any tiring out the work.	quire certificates o	of coverage of worker's co	mpensation insurance prior	
Sign w	/Title: The War	ch	ief operating officer	Date: 4/11/2023	