

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: Tara Neave	Date <u>5/16/2023</u>
Site Address: 440 Hayden Lane, Cameron, NC 28326	Phone 813 305 5928
Subdivision: Richmond Park 21 PV solar roof mounted modules, 8.295	_Lot259
21 PV solar roof mounted modules, 8.295 Description of Proposed Work: grid tied, flush mounted, installed on exist	5kW, ting structureTotal Job Cost \$53,757.74
General Contractor Info	
Top Tier Solar Solutions, LLC/Michael Whitson	
Building Contractor's Company Name	
1530 Center Park Dr, Charlotte, NC 28217	tholbrook@toptiersolarsolutions.com
Address	Email Address
87345 HEATED SQ FT GAR	AGE SQ FT
License #	
Electrical Contractor Info	
Description of Work <u>21 PV solar roof mounted modules, 8.295kW</u> , Service grid tied, flush mounted, installed on existing structure.	855-997-1213
Top Tier Solar Solutions, LLC/Michael Whitson Electrical Contractor's Company Name	
1530 Center Park Dr, Charlotte, NC 28217	tholbrook@toptiersolarsolutions.com
Address	Email Address
U.35673	
License #	
Mechanical/HVAC Contractor	r Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Plumbing Contractor Info	ormation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
<u></u>	
License # Insulation Contractor Info	ormation
	<u></u>
Insulation Contractor's Company Name & Address	 Telephone
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*NOTE: Conorol Contractor / owner much fill out and all	no the accord page of this application
*NOTE: General Contractor / owner must fill out and sig	gn 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

5/16/2023

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
X 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:	
X 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.	
Sign w/Title: 775/04 Cheif Operating Officer Date: 5/16/2023	