

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: Garfield Gibbs	Date 7/18/2023	
Site Address: 1230 Bethel Baptist Road, Spring Lake, NC	28390 Phone 910-867-8714	
Subdivision:		
Description of Proposed Work: 15 PV solar roof mounted modules, 5.925 grid tied, flush mounted, installed on existi General Contractor Information		
	855-997-1213	
Top Tier Solar Solutions, LLC/Michael Whitson  Building Contractor's Company Name	Telephone	
1530 Center Park Dr, Charlotte, NC 28217	tholbrook@toptiersolarsolutions.com	
Address	Email Address	
87345 HEATED SQ FT GARAGE	SQ FT	
License #		
Electrical Contractor Informa  Description of Work 15 PV solar roof mounted modules 5 925Kw Service Size	<u>tion</u> 'a: Amns T-Pola: Vas √No	
Description of Work 15 PV solar roof mounted modules, 5.925Kw, Service Size Ton Tier Solar Solutions LLC/Michael Whiteen	955 007 1212	
Top Tier Solar Solutions, LLC/Michael Whitson Electrical Contractor's Company Name	855-997-1213 Telephone	
1530 Center Park Dr, Charlotte, NC 28217	tholbrook@toptiersolarsolutions.com	
Address	Email Address	
11.05070		
Mechanical/HVAC Contractor Info	ormation_	
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Plumbing Contractor Informa		
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Informa	<u>ation</u>	
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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

	of Owner/Contractor/Office	r(s) of Corporation	7/18/20 Date	123	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
X G	eneral Contractor	Owner	Officer/Agent of the Co	ntractor 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:  Cheif Operating Officer  Date: 7/18/2023					