

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

Site Address: 464 Crystal Spring Drive, Sanford, NC, 27332	Owner's Name: Jacqui Enslin	Date 8/16/2023
Subdivision: Description of Proposed Work: flush mounted, installed on existing structure. Top Tier Solar Solutions LLC/Michael Whitson Building Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217 Address 15345 HEATED SO FT 476.08 Bescription of Work 22 PV Solar roof mounted modules, 8.690 kW, grid tied. Description of Work 22 PV Solar roof mounted modules, 8.690 kW, grid tied. Description of Work 22 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 22 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 25 PV Solar roof mounted modules, 8.690 kW, grid tied. Description of Work 26 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 27 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 27 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 27 PV Solar roof mounted modules, 8.690 kW, grid tied. Bescription of Work 28217 Amps T-Pole: Yes No Top Tier Solar Solutions LLC/Michael Whitson 855-997-1213 Telephone 1530 Center Park Dr. Charlotte NC 28217 NC@toptiersolarsolutions.com Email Address U.35673 License # Mechanical/HVAC Contractor Information Description of Work Plumbing Contractor Information Plumbing Contractor's Company Name Telephone Address Email Address License # Insulation Contractor Information		
General Contractor Information S55-997-1213 Building Contractor's Company Name Telephone		
General Contractor Information S55-997-1213 Building Contractor's Company Name Telephone	Description of Proposed Work: 22 PV Solar roof mounted modules, 8.690 kW, grid flush mounted, installed on existing structure.	tied, Total Job Cost 74,575.16
Building Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217 Address 87345 HEATED SQ FT 476.08 Electrical Contractor Information Description of Work		
1530 Center Park Dr. Charlotte NC 28217 NC@toptiersolarsolutions.com	Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213
Address B7345	Building Contractor's Company Name	Telephone
B7345	1530 Center Park Dr. Charlotte NC 28217	NC@toptiersolarsolutions.com
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Top Tier Solar Solutions LLC/Michael Whitson Electrical Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217 Address U.35673 License # Mechanical/HVAC Contractor Information Description of Work Address License # Plumbing Contractor Information Description of Work # Baths Plumbing Contractor's Company Name Address Email Address License # Plumbing Contractor Information Description of Work # Baths Plumbing Contractor's Company Name Address Email Address Insulation Contractor Information	License #	
Top Tier Solar Solutions LLC/Michael Whitson Electrical Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217 Address U.35673 License # Mechanical/HVAC Contractor Information Description of Work Address License # Plumbing Contractor Information Description of Work # Baths Plumbing Contractor's Company Name Address Email Address License # Plumbing Contractor Information Description of Work # Baths Plumbing Contractor's Company Name Address Email Address Insulation Contractor Information	Description of Work 22 PV Solar roof mounted modules, 8.690 kW, grid tied, Service Size	Amns T-Pole: Yes No.
Electrical Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217 Address U.35673 License # Mechanical/HVAC Contractor Information Description of Work Address License # Plumbing Contractor Information Description of Work Finall Address Email Address License # Plumbing Contractor Information Description of Work Finall Address Email Address Email Address Email Address Finall Address Email Address Finall Address Email Address Email Address Email Address		
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Insulation Contractor's Company Name & Address Telephone	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

8/16/2023

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: chief operating officer Date: 8/16/2023	