

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: Ellis Davis		Date 08/22/2023	
Owner's Name: Ellis Davis Site Address: 18 Thunder Valley Court, Lillington, NC, 27546	Phone	919-895-9136	
Subdivision:			
Description of Proposed Work: 24 PV Solar roof mounted modules, 9.480kW, grid tied, flush mounted, installed on existing structure.	_ Total Job Cost	50,000	
General Contractor Information			
Top Tier Solar Solutions LLC/Michael Whitson	855-997-121	3	
Building Contractor's Company Name	Telephone		
1530 Center Park Dr Charlotte, NC 28217	NC@toptiersolarsolutions.com		
Address	Email Address		
87345 HEATED SQ FT 519.36 GARAGE SQ	FT		
License #	_		
Description of Work 24 PV Solar roof mounted modules, 9.480kW, grid tied, flush mounted, installed on existing structure. Service Size:	<u>ı</u> Amps T-P	Pole: Yes No	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-121		
Electrical Contractor's Company Name	Telephone		
1530 Center Park Dr Charlotte, NC 28217	NC@toptiersolarsolutions.com		
Address	Email Address		
<u>U.35673</u>			
License # Machanical/HVAC Contractor Inform	otion		
Mechanical/HVAC Contractor Information (IV)	<u>ation</u>		
Description of Work		-	
Mechanical Contractor's Company Name	Telephone		
Medianida dentrator a company Name	relepriorie		
Address	Email Address		
License #			
Plumbing Contractor Information	<u>1</u>		
Description of Work	_# Baths		
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Information	<u>n</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 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.

| O8/22/2023 |
| 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:		
Karley Contractor Cont		
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:		