

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: _Elizabeth Moore		_Date _09/07/2023
Site Address: 2474 Docs Road, Spring Lake, NC, 28390	Phone	(910) 203-2182
Subdivision:		
Description of Proposed Work: <u>12 PV Solar roof mounted modules</u> , 4.740 kV grid tied, flush mounted, installed on existing General Contractor Information	√, Total Job Cost	\$36,676.00
grid tied, flush mounted, installed on existing General Contractor Information	structure	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213	6
Building Contractor's Company Name	Telephone	
1530 Center Park Dr Charlotte, NC 28217	NC@toptiersolarsolutions.com	
Address	Email Address	
87345 HEATED SQ FT GARAGE SC) FT	
License #		
Electrical Contractor Information	<u>1</u> Δmps T-F	Pole [.] Ves No
Description of Work <u>12 PV Solar roof mounted modules, 4.740 kW</u> , Service Size: grid tied, flush mounted, installed on existing structure	855-997-121	3
Top Tier Solar Solutions LLC/Michael Whitson Electrical Contractor's Company Name	Telephone	<u> </u>
1530 Center Park Dr Charlotte, NC 28217	NC@toptiersolarsolutions.com	
Address	Email Address	
U.35673		
License #		
Mechanical/HVAC Contractor Inform	<u>ation</u>	
Description of Work		_
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Plumbing Contractor Informatio	n	
Description of Work		
Plumbing Contractor's Company Name	Telephone	
	·	
Address	Email Address	
License #		
Insulation Contractor Informatio	<u>n</u>	
Insulation Contractor's Company Name & Address	Telephone	_
modation contractor s company manie & Address	гејернопе	
*NOTE: General Contractor / owner must fill out and sign the s	econd page of t	nis 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.

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

09/07/2023

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

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:_	TILLE	Chief Operating Officer	Date: 09/07/2023	
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