



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: Abbie Trivitte Date 09/26/2023

Site Address: 115 Northview Drive, Sanford, NC, 27332 Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: Solar Array Installation Total Job Cost 39,913.48

General Contractor Information

Top Tier Solar Solutions LLC/Michael Whitson

855-997-1213

Building Contractor's Company Name

Telephone

1530 Center Park Dr Charlotte, NC 28217

NC@toptiersolarsolutions.com

Address

Email Address

87345

HEATED SQ FT 432.80 **GARAGE SQ FT** _____

License # _____

Electrical Contractor Information

Description of Work 20 PV Solar roof mounted modules, 7.900 kW, grid tied, flush mounted, installed on existing structure Service Size: _____ Amps T-Pole: ___ Yes ___ No

Top Tier Solar Solutions LLC/Michael Whitson

855-997-1213

Electrical Contractor's Company Name

Telephone

1530 Center Park Dr Charlotte, NC 28217

NC@toptiersolarsolutions.com

Address

Email Address

U.35673

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Information

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.

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

09/26/2023

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:

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: COO Date: 09/26/2023