

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: Thomas Hunter	Date 10/10/2023		
Owner's Name: <u>Inomas Hunter</u> Site Address: <u>300 Bruce Johnson Rd, Lillington, NC, 27546</u>	Phone (910) 890-6865		
Subdivision:	Lot		
Description of Proposed Work:10 PV Solar roof mounted modules, 3.950 kM grid tied, flush mounted, installed on existing a General Contractor Information	/. Total Job Cost 18,226.39		
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 995.44 GARAGE SC	2 FT		
License #			
<u>Electrical Contractor Informatio</u> Description of Work <u>10 PV Solar roof mounted modules, 3.950 kW, grid tied, flush mounted</u> Service Size:	<u>n</u> 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 Inform			
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>on</u>		
Insulation Contractor's Company Name & Address	Telephone		
*NOTE: General Contractor / owner must fill out and sign the s	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 schedulg.

10/10/2023

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:						
X Ge	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			000			