

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: Brian Woods	Date 12/11/2023
Site Address: 444 Deer View, Sanford, NC, 27332	Phone 910) 987-2936
Subdivision: Description of Proposed Work: 14 PV Solar roof mounted modules, flush mounted, installed on existing statement of the proposed with the propo	5.530 kW, grid tied, structure. Total Job Cost 34,767.86
General Contractor In	
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 302.96 G /	ARAGE SQ FT
License #	
Description of Work 14 PV Solar roof mounted modules, 5.530 kW, grid tied, flush mounted, installed on existing structure. Serv	nformation vice Size: Amns T-Pole: Ves X 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 Contrac	tor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
1	
Address	Email Address
License #	
Plumbing Contractor I	nformation
Description of Work	
becomplied of Work	
Plumbing Contractor's Company Name	Telephone
Training Commission Company reasons	16.661.61.6
Address	Email Address
License #	
Insulation Contractor I	<u>Information</u>
Insulation Contractor's Company Name & Address	
insulation Contractor's Company Name & Adoress	i eleonone

*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

12/11/2023

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