



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: Stephen Register Date 1/18/2024

Site Address: 3495 Rawls Church Road, Fuquay-Varina, NC, 27526 Phone 252) 557-4291

Subdivision: _____ Lot _____

Description of Proposed Work: 4 PV Solar roof mounted modules, 1.580 kW, grid tied, flush mounted, installed on existing structure.(Solar Panel Addition) Total Job Cost 5,200.00

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 86.56 GARAGE SQ FT

License #

Electrical Contractor Information

Description of Work 4 PV Solar roof mounted modules, 1.580 kW, grid tied, flush mounted, installed on existing structure.(Solar Panel Addition) Service Size: _____ Amps T-Pole: Yes 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 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

1/18/2024

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: chief operating officer Date: 1/18/2024