

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: Aaron Geer		Date 01/31/2024	
Site Address: 146 Trenton Place, Cameron, NC, 28326	Phone	(910) 705-0823	
Subdivision:			
Description of Proposed Work: 14 PV Solar roof mounted modules, 5.530 kW grid tied, flush mounted, installed on existing s General Contractor Information	Total Job Cost tructure with a 10	21,954.10 kWh battery	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-121	13	
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 GARAGE SQ	FT		
License #	· ·		
Electrical Contractor Information		5	
Description of Work 14 PV Solar roof mounted modules, 5.530 kW, Service Size: grid tied, flush mounted, installed on existing structure with a 10kWh battery	Amps T-I	Pole:YesNo	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213		
, ,	Telephone		
1530 Center Park Dr Charlotte, NC 28217	NC@toptiersolarsolutions.com		
	Email Address		
U.35673			
License #	4!		
Mechanical/HVAC Contractor Informa			
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		
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License # Insulation Contractor Information			
insulation Contractor information	<u>.</u>		
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

01/31/2024

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 Co	ontractor 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 obtain	ned workers' compensation	on insurance to cover them.	
Has one (1) or more subcontractors(s) and has them.	obtained workers' compe	nsation insurance to cover	
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 su	bcontractors.		
While working on the project for which this permit is so Department issuing the permit may require certificates to issuance of the permit and at any time during the pecarrying out the work.	of coverage of worker's c	ompensation insurance prior	
Sign w/Title: 777	COO/Contractor	Date: 01/31/2024	