

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: Carolyn Dorman			Date 2/14/2024
Site Address: 205 Pineview Drive, Erwin, NC, 28339		Phone	(919) 894-9714
Subdivision:		Lot	
Description of Proposed Work:  17 PV Solar roof mounted mo	odules, 6.715 kW, grid	tied. Total Job Cost	\$40,346.51
General Contrac			
Top Tier Solar Solutions LLC/Michael Whitson		855-997-121	3
Building Contractor's Company Name		Telephone	
1530 Center Park Dr. Charlotte NC 28217		NC@toptierso	larsolutions.com
Address		Email Address	_
87345 <b>HEATED SQ FT</b> 368.2	22 GARAGE SQ	FT	
License #			
Description of Work  17 PV Solar roof mounted modules, 6.715 kW, grid tied, flush mounted, installed on existing structure.	ctor Information	Amns TE	Polo: Voc.Y N
Top Tier Solar Solutions LLC/Michael Whitson	_ Service Size	855-997-1213	
Electrical Contractor's Company Name		Telephone	_
1530 Center Park Dr. Charlotte NC 28217		•	larsolutions.com
Address Email Address			
U.35673		Ziliali / ladi ooo	
License #			
Mechanical/HVAC Co	ntractor Informa	<u>ıtion</u>	
Description of Work			<u>-</u>
Mechanical Contractor's Company Name		Telephone	
Address		Email Address	<u>.                                      </u>
License #	atar Infarmation		
Plumbing Contra		-	
Description of Work		# Baths	
Plumbing Contractor's Company Name		Telephone	
Address		Email Address	
Address		Elliali Address	
License #			
Insulation Contra	ctor 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

2/14/2024

Date

	Afficiate it for Montrow's Co	omnonostion N.C.C.	2 07 44	
The u	Affidavit for Worker's Coundersigned applicant being the:	ompensation N.C.G.	D. 87-14	
х	General Contractor Owner	Officer/Agent of the C	ontractor or Owner	
	hereby confirm under penalties of perjury that the forth in the permit:	person(s), firm(s) or corpo	oration(s) performing the work	
Х	Has three (3) or more employees and has obta	ained workers' compensati	on insurance to cover them.	
them	Has one (1) or more subcontractors(s) and has	s obtained workers' compe	ensation 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 subcontractors.				
Depa to iss	le working on the project for which this permit is so partment issuing the permit may require certificate issuance of the permit and at any time during the paying out the work.	s of coverage of worker's opermitted work from any pe	compensation insurance prior	
Sign	n w/Title:	chief operating officer	Date: 2/14/2024	