

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: John McCrimmon		Date 09.20.2024
Site Address: 420 Ridge View Drive, Cameron, NC, 28326		9194996947
Subdivision:		
Description of Proposed Work: installation of roof mounted solar system- 40 modules	Total Job Cost	\$92,741.30
General Contractor Information	-	
Top Tier Solar Solutions LLC/Michael Whitson	855-997-1213	3
Building Contractor's Company Name	Telephone	
1530 Center Park Dr. Charlotte NC 28217	NC@toptierso	larsolutions.com
Address	Email Address	
87345 HEATED SQ FT 866 GARAGE SQ	FT 0	
License #		
Electrical Contractor Information		ole. Ves X Ne
Description of Work installation of roof mounted solar system- 40 modules Service Size: 20 Top Tier Solar Solutions LLC/Michael Whitson	00 Amps 1-P 855-997-1213	
Electrical Contractor's Company Name 1530 Center Park Dr. Charlotte NC 28217	Telephone	larsolutions com
	NC@toptiersolarsolutions.com Email Address	
Address U.35673	Email Address	
License #		
Mechanical/HVAC Contractor Informa	ation	
Description of Work		
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Wilder and Goriffactor of Goriffactor Training	Тоюрноно	
Address	Email Address	
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License #		
Plumbing Contractor Information	<u> </u>	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Information	<u>l</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.

772WL	09.20.2024		
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 General Contractor Owner Office	er/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 ope	erating officer Date: 09.20.2024		