

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: James Tanner	Date11.14.2024
Site Address: 14 ringneck court, lillington, nc, 27546	Phone 9106203972
Subdivision: Description of Proposed Work:	
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 O GARAGE S	
License #	
Description of Work 33 flush roof mounted solar panel Service Size:	<u>on</u> ²⁰⁰ 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 Inform	
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Licence #	
License # Plumbing Contractor Information	on
Description of Work	# Baths
	<u></u>
Plumbing Contractor's Company Name	Telephone
5	
Address	Email Address
License # Insulation Contractor Information	n
	<u>///</u>
Insulation Contractor's Company Name & Address	Telephone
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*NOTE: General Contractor / owner must fill out and sign the	second page of this application
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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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

11.14.2024

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 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 Date: 11.14.2024	