

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 Mangum	Date <u>3/4/2025</u>
Site Address: 3861 US-401, Fuquay-Varina, NC 27526	Phone 919) 285-8495
Subdivision:	
Description of Proposed Work: Installing 14 roof mounted PV modules on exi	
General Contractor Info	
Top Tier Solar Solutions LLC/Michael Whitson	
Building Contractor's Company Name	Telephone
1530 Center Park Dr. Charlotte NC 28217	NC@toptiersolarsolutions.com
Address	Email Address
87345 HEATED SQ FT GAP	
License #	
Electrical Contractor Inf	formation
Electrical Contractor Inf Description of Work Installing 14 roof mounted PV modules on Servic exisiting structure Top Tier Solar Solutions LLC/Michael Whitson	ce Size: <u>200</u> Amps T-Pole: <u>Yes X</u> N
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 Email Address
Address	Email Address
U.35673	
U.35673 License #	or Information
U.35673 License # Mechanical/HVAC Contracto	
U.35673 License #	
U.35673 License # Description of Work	
U.35673 License # Mechanical/HVAC Contracto	
U.35673 License # Description of Work	
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U.35673 License #  Description of Work  Mechanical Contractor's Company Name  Address License #  Description of Work	Telephone Email Address
U.35673 License #  Description of Work  Mechanical Contractor's Company Name  Address License #  Description of Work	Telephone Email Address
U.35673 License #  Mechanical/HVAC Contractor  Description of Work Mechanical Contractor's Company Name  Address License #  Plumbing Contractor Inf  Plumbing Contractor's Company Name  Address	Telephone Email Address
U.35673 License #  Mechanical/HVAC Contractor  Description of Work Mechanical Contractor's Company Name  Address License #  Plumbing Contractor's Company Name  Address License #  License #	Telephone         Email Address         formation         # Baths         Telephone         Telephone         Email Address
U.35673 License #  Mechanical/HVAC Contractor  Description of Work Mechanical Contractor's Company Name  Address License #  Plumbing Contractor Inf  Plumbing Contractor's Company Name  Address	Telephone         Email Address         formation         # Baths         Telephone         Telephone         Email Address
U.35673 License #  Mechanical/HVAC Contractor  Description of Work Mechanical Contractor's Company Name  Address License #  Plumbing Contractor's Company Name  Address License #  License #	Telephone         Email Address         formation         # Baths         Telephone         Telephone         Email Address



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.

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:
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