



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: Jamiyla Meade Date 7/7/25
Site Address: 373 Deer View, Sanford, NC 27332 Phone 718-810-0529
Subdivision: Carolina Hills Lot 289
Description of Proposed Work: 8 Roof mounted photovoltaic modules onto existing residence Total Job Cost 26, 574.95

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 0 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work 8 Roof mounted photovoltaic modules onto existing residence Service Size: _____ Amps T-Pole: ___ Yes ___ 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 Information

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

License #

Insulation Contractor Information

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.

Michael Whitson

Signature of Owner/Contractor/Officer(s) of Corporation

7/7/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

☒ 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:

☒ 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: Michael Whitson chief operating officer Date: 7/7/25