



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: Warren Johnson Date 7/28/25

Site Address: 550 Azalea Drive, Spring Lake, NC 28390 Phone 910-263-5199

Subdivision: Rolling Spring Lot 144

Description of Proposed Work: 24 Roof Mounted Photovoltaic Modules installed on existing residence Total Job Cost 48,980.96

**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 504.24 GARAGE SQ FT

License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ 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

7/28/25

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: 7/28/25



Initial Application Date: 7/28/25

Application # \_\_\_\_\_

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: Warren Johnson Mailing Address: 550 Azalea Drive

City: Spring Lake State: NC Zip: 28390 Contact No: 910-263-5199 Email: keithj6@charter.net

APPLICANT\*: Top Tier Solar Solutions LLC/Michael Whitson Mailing Address: 1530 Center Park Dr.

City: Charlotte State: NC Zip: 28217 Contact No: 855-997-1213 Email: NC@toptiersolarsolutions.com

\*Please fill out applicant information if different than landowner

ADDRESS: 550 Azalea Drive, Spring Lake, NC 28390 PIN: 0514-21-2366.000

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: 684:0764

Setbacks – Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**PROPOSED USE:**

☐ SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
TOTAL HTD SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_ (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

☐ Modular: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
TOTAL HTD SQ FT \_\_\_\_\_ (Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no

☐ Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? ) Deck: \_\_\_\_\_ (site built? )

☐ Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT \_\_\_\_\_

☐ Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

☒ Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: 24 Roof Mounted Photovoltaic Modules installed on existing residence Closets in addition? ( ) yes ( ☒ ) no  
TOTAL HTD SQ FT 504.24 GARAGE N/A

Water Supply: \_\_\_\_\_ County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) **\*Must have operable water before final**  
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation \_\_\_\_\_ Existing Septic Tank \_\_\_\_\_ County Sewer  
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes ( ☒ ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ☒ ) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Michael Whitson

Signature of Owner or Owner's Agent

7/28/25

Date

**\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\***

**\*This application expires 6 months from the initial date if permits have not been issued\*\***

**APPLICATION CONTINUES ON BACK**

strong roots • new growth

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

☐ **Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. ***Do not grade property.***
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

☐ **Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{ } Accepted      { } Innovative      { } Conventional      { } Any  
{ } Alternative      { } Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

{ } YES	<input checked="" type="checkbox"/> NO	Does the site contain any Jurisdictional Wetlands?
{ } YES	<input checked="" type="checkbox"/> NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{ } YES	<input checked="" type="checkbox"/> NO	Does or will the building contain any <u>drains</u> ? Please explain. _____
<input checked="" type="checkbox"/> YES	{ } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{ } YES	<input checked="" type="checkbox"/> NO	Is any wastewater going to be generated on the site other than domestic sewage?
{ } YES	<input checked="" type="checkbox"/> NO	Is the site subject to approval by any other Public Agency?
{ } YES	<input checked="" type="checkbox"/> NO	Are there any Easements or Right of Ways on this property?
<input checked="" type="checkbox"/> YES	{ } NO	Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

**DO NOT REMOVE!****Details: Appointment of Lien Agent**

Entry #: 2423223

Filed on: 07/28/2025

Initially filed by:

dsmith@toptiersolarsolutions.com

**Designated Lien Agent**

Chicago Title Company, LLC

**Online:** [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)**Address:** 223 S. West Street, Suite 900 /

Raleigh, NC 27603

**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)**Project Property**550 Azalea Drive  
Spring Lake, NC 28390  
Harnett County**Property Type**

1-2 Family Dwelling

**Print & Post****Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Owner Information**Top Tier Solar Solutions  
1530 Center Park Drive  
Charlotte, NC 28217  
United States  
Email: [nc@toptiersolarsolutions.com](mailto:nc@toptiersolarsolutions.com)  
Phone: 855-997-1213

View Comments (0)

**Technical Support Hotline:** (888) 690-7384