

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Cheryl Schumacher Phone: 910 705-0572

Owner (s) Mailing Address: 479 D L Phillips Ln Broadway NC 27505

Land Owner Name (s): same Phone: same

Construction or Site Address: same

PIN # _____ Parcel # _____

Job Cost: \$3179.70 Description of Work to be done rough in and final (two phases) half bath, run vent to tie into existing vent in attic

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths 1 Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Dell Haire Plumbing will provide the plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 32886P1, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Dell Haire Plumbing LLC
Contractor's Company Name
P.O. Box 65048 Fayetteville, NC 28306
Address
32886P1
License #

910 429-9939
Telephone
dellhairplumbing@hotmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 10/29/24

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**