						Applica	tion #
					Permitting on, NC 275		
	PC	D Box 6	65 Lillir	ngton, N	IC 27546		rnott org/pormito
	Telephone Number: 910-893	-7525	ext. 1	Fax 910)-893-2793	www.na	amett.org/permits
	Application				ome Set-Up completely)	Permit	
	-Owner Information:			•	,		
	Owner Information (To be complet) hase Dr
	Thomas Tew						
City:	Spring Lake State: 1	١C	_Zip:	2831	1 Daytim	e Phone	e: () <u>910-214-0805</u>
	wner Information (To be completed						
Name:	Roots Management		Add	ress:	216 Conni	e Ct	
City: _	Spring Lake State:	NC	_Zip:	28390	Daytim	e Phone	e: () <u>910-216-0382</u>
Part II	- Contractor Information (To be o						
A.	Name, a Set-Up Contractor Company Na				match inform		
/ (.	Phone: 910-973-3129	Addre	9' 9'	109 Chi	ckenfoot Ro	d	
	City: Saint Paul	State	NC	Zip [.]	20204	Email	Totairmaintenance@gmail.com
	Setup Signature	June .					<u>Tntairmaintenance@gm</u> ail.com _State Lic# <u>47518</u>
В.	Electrical Contractor Company						
υ.	Phone:9 <u>10-495-5631</u>						
							Austin_Electrical_services@yahoo
C.	Electrician's Signature:State Lic#_20548-L Mechanical Contractor Company Name:Builds						
0.	Phone: 910-884-5631	Addre	. 111	102 W	addell St		
	City: Favetteville	State.	NC	Zin		Fmail	Dcdrummond215@gmail.com
	HVAC Signature:	J					ic# 15247 H3 Class 1
D.	Plumbing Contractor Company	Name	. Aun	nan Plu	umbing L		
υ.	Phone: 910-818-3244	Addre	NC . 550	SOG Cro	scont Dr		
	City:	State:	<u>NC</u>	Zip:	28390	Email	Aumanplumbingllc@gmail.com
	Plumber's Signature:						

purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the **Form 500** and if available, the serial number. List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number. Signature:

Email:

Signature:

Email: