**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)

	Phone:	
Owner (s) of Structure:	Phone:	
Owner (s) Mailing Address:		
_	Phone:	
Land Owner Name (s):	Phone:	
Construction or Site Address:		
PIN #	Parcel #	
Job Cost: 60,000,00 Descri	iption of Work to be done Anstall walk in coaler	
Mechanical: New Unit With I	Ductwork New Unit Without Ductwork Gas Piping Other	
* For Progress I	200 Amp Service Change Service Reconnect Other Energy customers we need the premise number	
Plumbing: Water/Sewer	Tap Number of Baths Water Heater	
Specific Directions to Job from		
	Lot #:	
Subdivision:		
	labor on this structure.	
1 Chris Hamilton	will provide thelabor on this structure.  (Trade)	
(Contractors Name)	NC state license number is, which entitles me to	
I am the building owner or my	NC state license number is	
perform such work on the above	ve structure legally. All work shall comply with the State Building Code and all	
other applicable State and loca	l laws, ordinances and regulations.	
Hamilton Redri	Serzalina Forc. 252-566-4183 Telephone	
Contractor's Company Name	hamilton left embarge maile	20
208 Jouran	Email Address	
Address La Gozanse	nc 28551	
3720		
License #	192 Han # Date: 4/4/8	
Structure Owner / Contractor S	ignature: Duties and service in the above listed license holder to	

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

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number . . . . . 12-50029988 Date 4/19/13 Property Address . . . . . 8018 ELLIOTT BRIDGE RD
PARCEL NUMBER . . . . . . . 01-0534- - -0021- -01Application type description CP COMMERCIAL ADD & ALTER Subdivision Name . . . . . Property Zoning . . . . . . RES/AGRI DIST - RA-20R Contractor Owner PROFESSIONAL HOME CARE ADAMS RONALD H 8018 ELLIOTT BRIDGE RD PO BOX 129 LILLINGTON (910) 834-6523 NC 27546 NC 28390 SPRING LAKE Applicant \_\_\_\_\_\_ PROFESSIONAL HOME CARE INC Structure Information 000 000 FIRE DAMAGE REPAIR TO CONV STORE W GRILL Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . PROPOSED USE FIRE DMG REPAIR SEPTIC - EXISTING? EXISTING \_\_\_\_\_ Permit . . . . . COMMERCIAL MECHANICAL PERMIT Additional desc . . INSTALL WALK IN COOLER Phone Access Code . 978148
Issue Date . . . 4/19/13
Expiration Date . . 4/19/14 Valuation . . . . \_\_\_\_\_\_ Special Notes and Comments T/S: 10/29/2012 09:04 AM VBROWN ----8018 ELLIOTT BRIDGE RD SPRING LAKE

28390. ON CORNER OF ELLIOTT BRIDGE RD AND SHADY GROVE RD.



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Permit . . . . . COMMERCIAL MECHANICAL PERMIT

Additional desc . . INSTALL WALK IN COOLER
Phone Access Code . 978148

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999 999 999 999 999 999	451 455 457 465 463 459 453 461	M451 M455 M457 M465 M463 M459 M453 M461	C*GAS PIPING C*MECH CHILLER PIPING C*MECH DUCT C*MECH FINAL C*MECH OVERHEAD C*MECH ROUGH IN C*MECHANICAL UNDERGROUND C*REFRIGERATION INSPECTION		