## **Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 Fax 910-893-2793

## www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Wayne Colomb	Sthaven Dr
Owner (s) Mailing Address: 205 Cre	Stharen Dr.
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN or Parcel #:	
Job Cost: <u>S⊘v··</u> Description of Work to	be done what Fool
Mechanical: New Unit With Ductwork	New Unit Without Ductwork Gas Piping
Electrical: 200 Amp <200 Amp	Service Change Service Reconnect Other
Plumbing: Water/Sewer Tap Nur	nber of Baths Water Heater
Specific Directions to Job from Lillington:	
Subdivision: Crashizm	Lot #:
1_ Joseph Bruck have provide	d or will provide thelaborlabor
on this structure. I am the building owner of	r hold a NC state license
number <u>24177 22</u> , which entitles r	ne to perform such work on the above structure legally. At
work shall comply with the State Building C	ode and all other applicable State and local laws,
ordinances and regulations.	
Structure owner(s) signature:	Date:
Company Name: Erver Elasti	Phone: 910   5/85-1987
County: Cum by had	Contractor's License #: ンゲソフ・仁
· — — — — — — — — — — — — — — — — — — —	77.7 Date: 4-3-07
	ne must match information on license.