Application # [=COM 1905-0014]

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: Buddy Miller Phone: 910-891-4551
Owner (s) Mailing Address: 40 E SAckson Blvd.
Eculo N.C. 28339
Land Owner Name (s): Budd, Miller Phone:
Construction or Site Address: HOLE- SACKSON Blud.
PIN # Parcel #
Job Cost: 500. Pescription of Work to be done Re-install exsisting 400Amp
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 Water Heater
Specific Directions to Job from Lillington:
Subdivision:Lot #:
(Contractors Name) will provide the Tax labor on this structure.
I am the building owner or my NC state license number is $16588V$, 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.
Rolls Williams Elac. Co. Contractor's Company Name 805 South Washington Aug. Address 16588U Rolls Ans Elac. Co. Telephone Dwnselecagnal. Con Email Address
License #
Structure Owner / Contractor Signature: Found L. W. Date: 5-29-19

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

10wn of Erwin

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot

Zoning Application & Permit

Permit	#

2000		
Post	Sep2014	à
VEA	Sep2014	

Planning & Inspections Department

Name of Applicant	RIT	A	15	
Home Address	DODE	1 Achillippe	Property Owner	Ruddy Maller
	4055	Dr. Washington	Home Address	40 F. SACKSO. 5/19
City, State, Zip	7500	18239	City, State, Zip	I Family
Telephone	910-30	08-0595	Telephone	1910-891-455
Email	bushe	S P POR MA	Email	8
Address of Proposed	Property	THOLE.	The Total	
Parcel Identification N	Jumber(s) (P		SAC450 K	ted Project Cost Lang. 00
What is the applicant			Z + D A	ned Project Cost 400.00
the proposed use of th	ne subject pro	perty? Be specific.	5 (0129	6 1,512 8F B
Description of any propo			· · · · · · · · · · · · · · · · · · ·	1/3/3
to the building or proper	rty	1 / \	onen	
What was the Previou	s Use of the	subject property?	INA	
Does the Property Acc	ess DOT roa	d?	1105	
Number of dwelling/s	The state of the s	Control of the Contro	Prope	erty/Parcel size
	YesNo	WatershedYes_	_No Wetlands	Yes No
MUST circle one that ap	plies to proper	O Foot	ed Septic System	Or
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