| Application | rr. | _ |
|-------------|-----|---|
| | | |

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: Rocksold Favon Phone: 855 588-1252 |
|---|
| Owner (s) Mailing Address: |
| |
| Land Owner Name (s):Phone: |
| Construction or Site Address: |
| PIN #Parcel # |
| 12 1 200 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Job Cost: 1,000 Description of Work to be done Permanent Service to Pond Water Feature at front of Property and Linestockwelle at the new |
| Water teature at their of thopety and the societies of the han |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other |
| Electrical*: 200 Amp < <200 Amp _ Service Change _ Service Reconnect _ Other _ |
| For Frogress 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 labor on this structure. |
| |
| I am the building owner or my NC state license number is, 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. |
| |
| Electric Solutions of 1 Contractor's Company Name Good 237-0246 Telephone |
| Contractor's Company Name Telèphone Cladrical Solutions Egmail & Con |
| Address Email Address |
| 72659-6 |
| License # |
| Structure Owner / Contractor Signature: |
| 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