

Application # _____

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: basement Phone: _____

Owner (s) Mailing Address: 2579 Walker Rd.

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 300.00 Description of Work to be done wire 60 amp power supply for Spectrum

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:

* maps attached

Subdivision: _____ Lot #: _____

I Robert Farmer will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17363-L, 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.

Farmer's Electrical Contr. LLC
Contractor's Company Name

6758 Appian Way
Address

17363-L
License #

office 910-988-1731

elect- 919-770-0006
Telephone

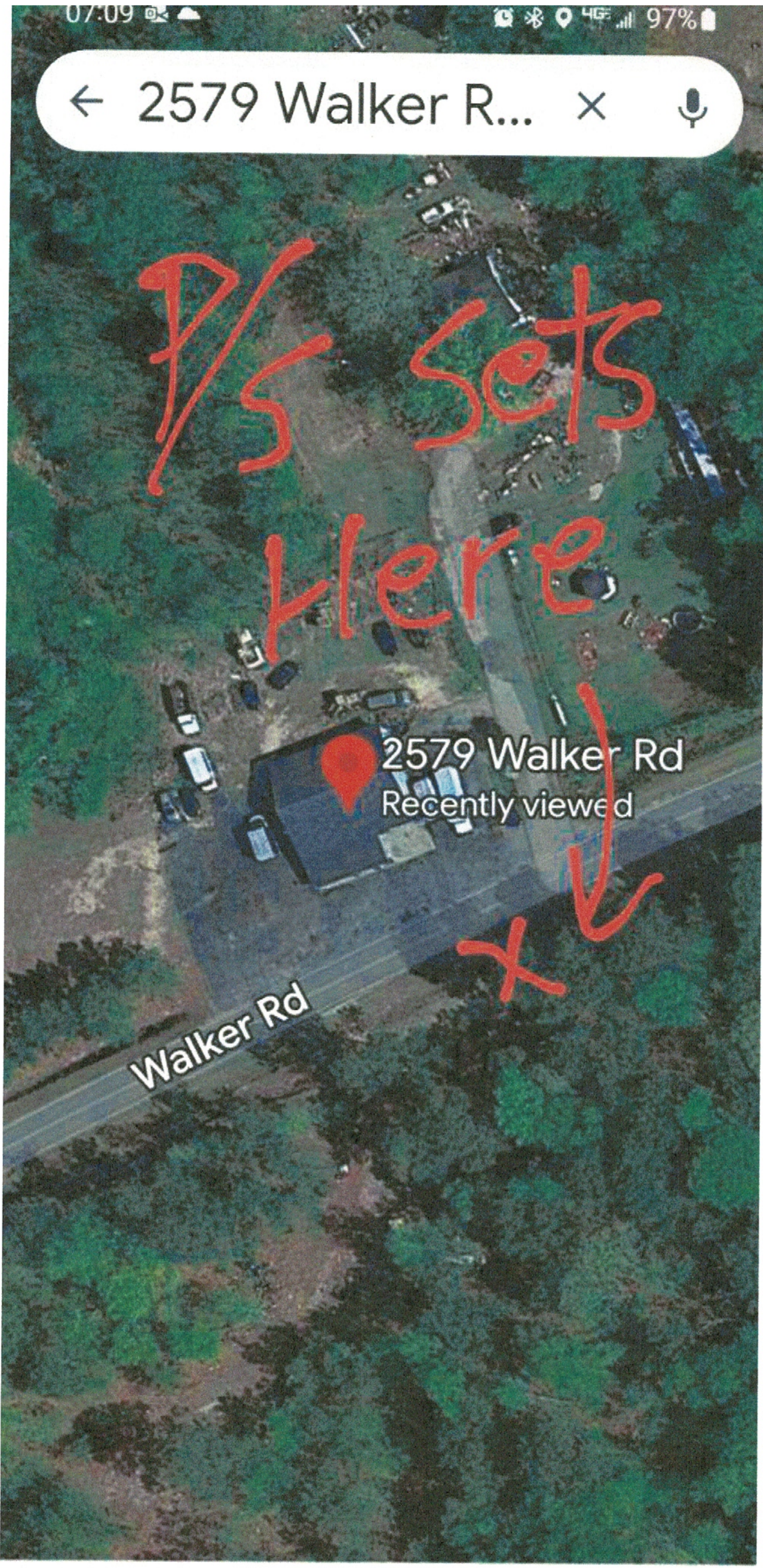
r-farmerfec@gmail.com
Email Address

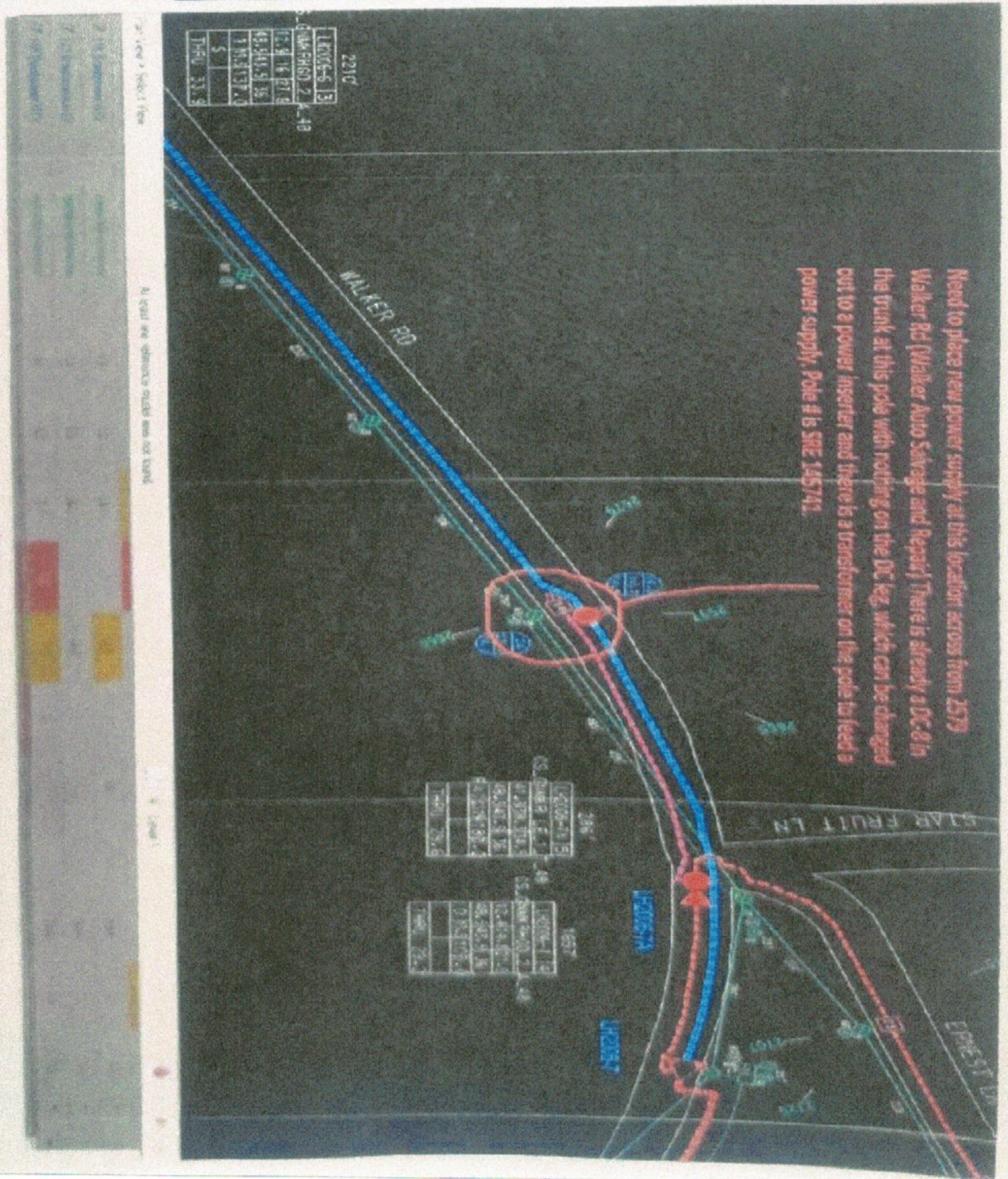
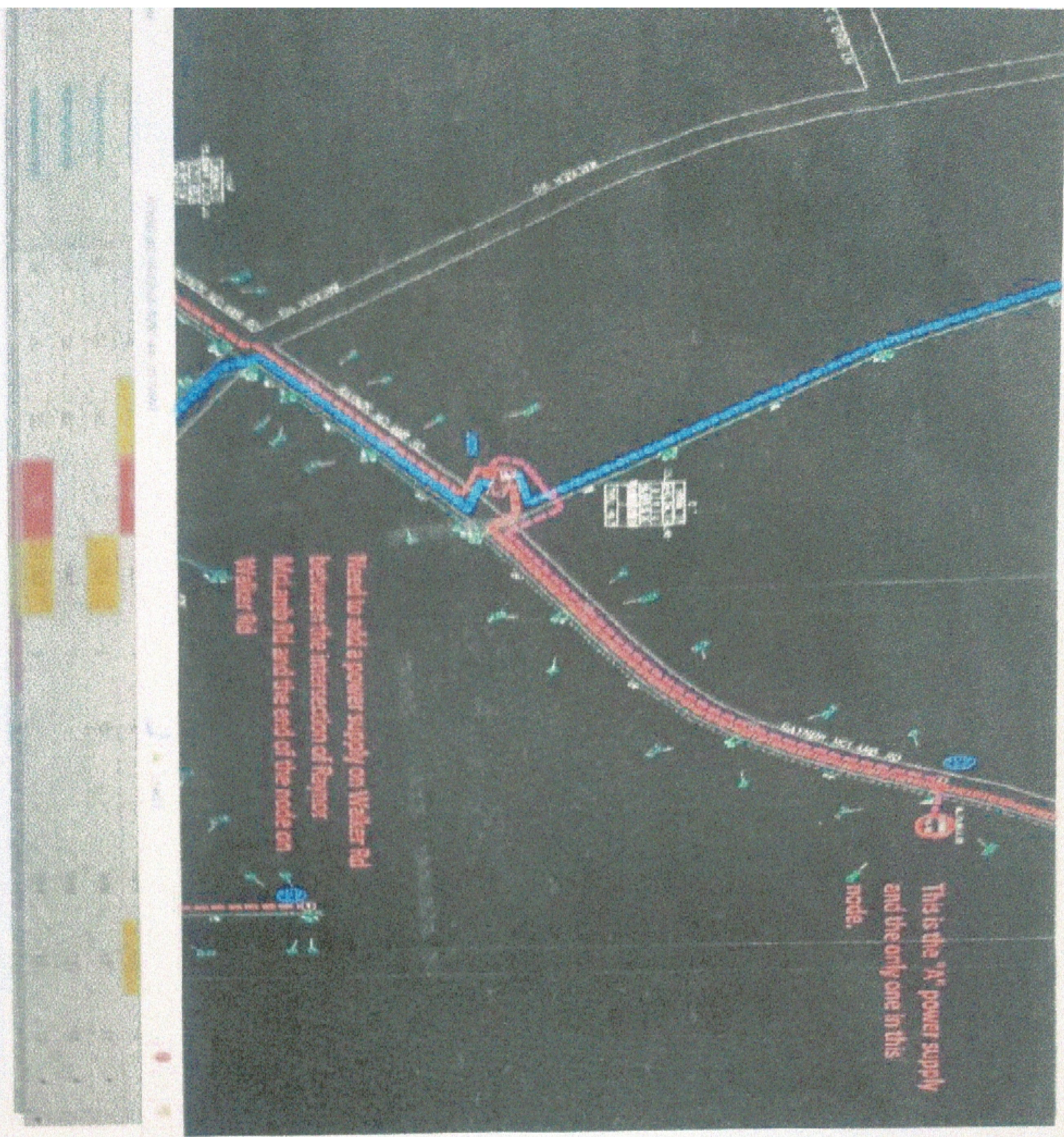
Structure Owner / Contractor Signature: [Signature] Date: 11-14-22

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**

← 2579 Walker R... ×





2579 Walker rd.

Model: DM3/DSM33
 P/N: 704-939-21-005
 S/N: *212203F5800925*
 CM: *0090EA48EB16*
 CPE: *0090EA48EB17*

TRANSMISSION VERIFICATION REPORT

TIME : 11/14/2022 09:20AM
NAME :
FAX :
SER.# : U65203C1H814749

DATE, TIME	11/14 09:18AM
FAX NO./NAME	HARNETT
DURATION	00:02:07
PAGE(S)	03
RESULT	OK
MODE	STANDARD