Application #

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of	Structure:	JACKSON.	FAMILY	ENTERP	RISER	uc Pl	none: <u> 7</u>	10-89	70-4	296
Owner (s) Ma	ailing Addr	ess: 309	_ST /	MASTHER	s fo	M		****		
Land Owner	Name (s):	MICHEM	L DUK	dor-		P	none:			
Construction	or Site Ad	dress: <u>5o</u>	1 €	JACK	50~	BLUD	ERU	win,	wc	28339
PIN #										
Job Cost (R	equired):	<u> 28 K</u> De	escription	of Work to	be don	e Reloc	CHIE	TNO	POLE	LIGIOS
<u> </u>	Two	PALLING	८/७४७	TS AN	U C	PGRADE	M	ル	u	
Mechanical:	New Hoi	t With Duch	work	Now Unit V	Mithout	Duotwork	Con	Dinina	O4F	
weenamea.	NOW OIII	t with buck	WOIK	Mew Oill	VVILLIOUL	DUCIWOIK	Gas	Piping	Oth	er
Electrical*:	200 Amp * For Pro	<200 / gress Energ	Amp; gy custom	Service Ch ners we ne	nange _ ed the p	Service premise nur	Reconn	ect	Other_	
Plumbing:	Water/s	Sewer Tap	1	Number of I	Baths _	Wa	ter Heate	er		
Specific Direc	ctions to Id	ah from Lillir	naton:							
		JO HOILL LIIII	igtori.							
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Subdivision:						Lot #:			-	
I(Con		will	provide th	ne			labo	r on this	s structur	·е.
I am the build	ing owner	or my NC s	tate licen	se number	is		, w	hich en	titles me	to
perform such	work on th	ne above str	ructure le	gally. All w	ork sha	III comply w	vith the S	tate Bu	ilding Co	de and all
other applicat	ole State a	nd local law	/s, ordina	nces and re	egulatio	ns.				
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ראבע <u>ל איז איז איז איז איז איז איז איז איז איז</u>	Company N	სება € Name	elec Mic	cm c	owna	eten rec	7/7 Telephor	068	~	
5151 AK	16.29 >.	40 Sour	ne Dic	حرد نا و ماده	2425		• //.	/	1 4-	٠ ۵
Contractor's (SISI MC Address	, ,,,	()))	7 200	or, we	<u> 4835</u>	<u>.l</u>	Email Ad	g <i>a</i> one dress	iec ir i	cesma
28595 L										
License #		_		\wedge						
				1) +					. / /	/
Structure Owi		~		Just				Date:_	7 /	<u> </u>
By signing this appending the	oplication, yo	u affirm that yo	ou have obta	aibed permiss	ion from t	he above liste	ed license i	nolder to p	ourchase p	ermits on their
to the state of th		jou unuci	Same maty	ou carmor le	iii, icase l	v sentine light	a biobeity	IOLIZ (NO	muis aner	COMPLETION OF

*Company name, address, & phone must match information on license Faxed or Mailed application could have an approximately 1-5 day process time

listed work.