Application #	
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Harnett County Central Permitting
PO Box 65 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:	Cape Fear Hospital	Phono: 010000	1000
Owner (s) Mailing Address:	215 Brightwater Dr Lillington,	Phone: 9108921 NC 27546	
Land Owner Name (s): Construction or Site Address:	Cumberland County Hospitals 215 Brightwater Dr Lillington, N	Phone: <u>9108921000</u>	
PIN #	Parcel #	7.0.10	
		be done <u>electrical</u>	
Mechanical: New Unit With De	uctwork New Unit Without [	Ductwork Gas Piping O	ther _x
Electrical*: 200 Amp <20 * For Progress Er	00 Amp Service Change nergy customers we need the pr	_ Service Reconnect Other	r
Plumbing: Water/Sewer Ta	Number of Baths	Water Heater	
Specific Directions to Job from L Cape Fear Hospital in L	<u>illington</u> :		
Subdivision:			
I <u>Salty Mouth Electric</u> structure.			
(Contractors Name)		(Trade)	
I am the building owner or my No	state license number is <u>L.35</u>	222, which entitles	me to
perform such work on the above other applicable State and local I	structure legally. All work shall	comply with the State Building C	ode and all
Salty Mouth Electric Contractor's Company Name 8062 Moss Creek Rd Myrtle Bo	each, SC 29588	8433435097 Telephone	
Address		Email Address	
L.35222	1	Linali Address	
License #  Structure Owner / Contractor Sign	A	7	7-20a
By signing this application you aff	rm that you have obtained perm	pission from the above listed lice	nse 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.

Email: Centralpermitting@harnett.org

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