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: MOSC	S 110 Phone: 910-977-7818
Owner (s) Mailing Address:	
Ca	Meron N.C. 28306
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN #	Parcel #
Job Cost: 3,000. Description	of Work to be done Condensing Unit
Mechanical: New Unit With Ductw	ork New Unit Without Ductwork 1 Gas Piping Other
	mp Service Change Service Reconnect Other y customers we need the premise number
Plumbing: Water/Sewer Tap _	Number of Baths Water Heater
Specific Directions to Job from Lilling	gton:
Subdivision:	Lot #:
(Contractors Name)	provide the (Trade)
I am the building owner or my NC s	tate license number is <u>34140</u> , which entitles me to
perform such work on the above str	ucture legally. All work shall comply with the State Building Code and all
other applicable State and local law	s, ordinances and regulations.
Honost Sur Contractor's Company Name 2004 Hope Hul Address 34140	15 Rd. Honest Dir Fayetteville Email Address @ gmail
License # Structure Owner / Contractor Signa	ture Dubking MStar Date: 5-7-2019
purchase permits on their behalf. If	n that you have obtained permission from the above listed license holder to doing the work as owner you understand that you cannot rent, lease or sell er completion of the listed work.

*Company name, address, & phone must match information on license

Application #

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Owner (s) of Structure: MOSES TID Phone: 910 . 977 . 7818
Owner (s) Mailing Address: 104 Ked Coat Dr
Cameron NC 28326
Land Owner Name (s): Phone:
Construction or Site Address:
PIN #Parcel #
Job Cost: Description of Work to be done Condensing Unit Change out
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 #:
I WOS Electric will provide the Plectrical labor on this structure. (Contractors Name) I am the building owner or my NC state license number is 190080 , 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.
Contractor's Company Name Telephone 910.850.5495
Telephone STS COPE RE RED Spring INC 28377 Address 196280 License #
Structure Owner / Contractor Signature: Sanatha: Hagubatha Date: 5-7-19 By signing this application you affirm that you have obtained permission from the above listed license holder to

В purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or self the listed property for 12 months after completion of the listed work.