Application #_
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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: North foint Hourtments Phone: 910436-3141
Owner (s) Mailing Address: //c/ L/ L/ Colored Colored
Drug Fixe NC 28390
Land Owner Name (s):Phone:
Construction or Site Address: 100 A Pineare St
PIN#Parcel#_
Job Cost: 4193.56 Description of Work to be done HVAC Reconnect
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect \( \sum_{\text{Other}} \) 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: North point Apt Lot#: 100-A Pinecrest
(Contractors Name) will provide the Electrical labor on this structure.
I am the building owner or my NC state license number is $123436$ , 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 POROX 708 SPR 28390  Address LA3430  G10 497-6672  Telephone Wcle & C2 Qaol, Conv Email Address
License #
Structure Owner / Contractor Signature: Date: 8-13-19
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