## OFFICE COPY 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: Tim othy Atkinson	Phone: 919-557-0004
Owner (s) of Structure: Tim offy Afkinson Owner (s) Mailing Address: 136 Wateredge (an	ve Barford NC 27332
Land Owner Name (s): Timethy Atkinson	Phone: 919-557-0004
Construction or Site Address: 136 wateredge la	ne Sanford 27332 NC
PIN # Parcel #	
Job Cost: 564/.87 Description of Work to be done	educe Split Hestourp in
Job Cost: 5641.87 Description of Work to be done R Courtspace, serves First Floor	Like For Like
Mechanical: New Unit With Ductwork New Unit Witho	out Ductwork X Gas Piping Other
Electrical*: 200 Amp X <200 Amp Service Change * For Progress Energy customers we need th	Service Reconnect Other
Plumbing: Water/Sewer Tap Number of Baths	
Specific Directions to Job from Lillington: Carolin	na Lakes in Sanford
Subdivision: Cholina lakes	Lot #:
I I deal Services will provide the Electrical	+ Mechanical labor on this structure.
(Contractors Name)	(Trade)
am the building owner or my NC state license number is	27245 + 26983, which entitles me to
perform such work on the above structure legally. All work s	shall comply with the State Building Code and all
other applicable State and local laws, ordinances and regula	ations.
Ideal Services Componer	919-557-0004
Contractor's Company Name	Telephone
119 Thomas Mill Rd. Holly Springs, 27	Email Aggress
27245+ 26983	Brandon Q I Deal squices
License #	Brandon @ I Deal Squices
Structure Owner / Contractor Signature:	Jacon Date: 3-5-20
By signing this application you affirm that you have obtained 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 liste	d Work.

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