* COMMERCIAL ** 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: AUONS SAILS & LLASC Phone: 910-980-2111 Owner (s) Mailing Address: 475 LAST JAUCSON BVA
Land Owner Name (s): Harby's Sals & Llasc Phone: 910-980-2111 Construction or Site Address: 475 East Jackson Diva Enum, NC 28339
Job Cost: 10,000 Description of Work to be done COUC CUSDING SUSTEMS. 2-5100-tp Sout Connect of bldg, 1-butdow unit (Prontside of bldg). Equipment location: 1-butdow unit in back of bldg, 1-butdow unit (Prontside of bldg). Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other of Store.
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 #:
(Contractors Name) (Contractors Name) (Contractors Name) (Contractors Name) (Contractors Name) (Contractors Name)
I am the building owner or my NC state license number is 1505 building owner of 1505 building owner of 1505 building owner owner owner own
other applicable State and local laws, ordinances and regulations. Outling Comford An, Inc. Contractor's Company Name 5212 US 11WU 70 BUS W Address 205151303321 Email Address All Contractor's Company Name Email Address All Contractor's Company Name Telephone Email Address All Contractor's Company Name Telephone All Contractor's Company Name Telephone All Contractor's Company Name Address All Contractor's Company Name Address All Contractor's Company Name Telephone Telephone All Contractor's Company Name Address All Contractor's Company Name All Contractor's Company Name All Contractor's Company Name Address All Contractor's Company Name All Contractor's Company Name Address All Contractor's Company Name All Contractor's Company Name All Contractor's Company Name Address Contractor's Company Name Address Contractor's Contractor's Contracto
Structure Owner / Contractor Signature: Wall Double: 3/35/2020

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

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.