| Application | ++                         |  |                                     |  |
|-------------|----------------------------|--|-------------------------------------|--|
| Application | ++-                        |  |                                     |  |
| 1           | Proposition and the second | Commence of the Party of the Pa | A Character of the same of the same |  |

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 Struct    | iure: Scott H  | acknowlh   | Phone: 910978-9669                        |
|------------------------|--|--|---|
| Owner (s) Mailing      | Address: 130 W   | odridae land   | 110 166                                   |
|                        | (ame)  | ron W 28   | 3210                                      |
| Land Owner Name        | (s):   |  | Phone:                                    |
| Construction or Site   | e Address:   |  |   |
| PIN # 9566-            | -90 <i>-1526.0</i> 0   | O Parce # 0995 (   | 0/00001/05                                |
| 100                    | 00   |  | 10/00/10                                  |
| Job Cost: 165          | Description of Wo  | ork to be done Recons  | nect of ton SHP                           |
| 10KW                   | the second secon |  |   |
| Mechanical: New        | Unit With Ductwork   | New Unit Without Ductwo  | rk Gas Piping Other                       |
|                        |  |  | ice Reconnect X Other                     |
|                        |  | Number of Baths  |   |
|                        | to Job from Lillington:  |  | Methods of country (a)                    |
|                        |  | contracting and below to a part companyage or many and the second of the |   |
|                        |  |  |   |
| Subdivision:           |  | The state of the s |   |
| 2 /                    |  |  |   |
| Baxters 1              | Electrica brovide  | the Electrica  |   |
| (Contractor            | s Name)  | (Trac  | labor on this structure.                  |
| I am the building ow   | ner or my NC state lice  | ense number is 11284-  | , which entitles me to                    |
| perform such work of   | on the above structure   | legally. All work shall comply   | with the State Building Code and all      |
| other applicable Sta   | te and local laws, ordin   | nances and regulations.  |   |
| Contractor's Compa     | 5 Electric   | ,  | 910-425-6500                              |
| 3104 Bun               | cham ()s.  | FALL 20214   | Telephone                                 |
| Address License #      | pusper per   | 7770000  | Email Address Ao/. Com                    |
| LICCHSC #              |  |  |   |
| Structure Owner / Co   | ontractor Signature:   | land Faxter  | Date 3-4-2/                               |
| By signing this applic | cation you affirm that vi  | ou have obtained permission  | from the above listed license holder to   |
| purchase permits on    | their behalf. If doing the   | ne work as owner you unders  | stand that you cannot rent, lease or sell |

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

the listed property for 12 months after completion of the listed work.