| 227 52 22 | |
|--------------|--|
| pplication # | |
| ppiication # | |

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: AM TONIOV Phoromore (s) Mailing Address: 36 TVVSON A Fraguer | 1e: 919 780 8122 1 Variha 27524 | |
|--|---|--|
| Land Owner Name (s): Phore Construction or Site Address: 36 TVUS ON CHAPTER PARCEL # Parcel # | ne: 919 780 8129 71 Vaving 275216 | |
| Job Cost: 9802 Description of Work to be done Peplay Our hander in waw (whole hy | ren HP | |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork | _ Gas Piping Other | |
| Electrical*: 200 Amp <200 Amp Service Change Service R * 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) will provide the McM Let labor on this structure. | | |
| I am the building owner or my NC state license number is 32412119962 which entitles me to | | |
| perform such work on the above structure legally. All work shall comply with | | |
| other applicable State and local laws, ordinances and regulations. | | |
| 4001 Atlantic Ave | elephone Leventincemichael and mail Address Sur. www. | |
| License # | | |
| Structure Owner / Contractor Signature: | Date: | |
| By signing this application you affirm that you have obtained permission from | n 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