Application #	
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: VONCIC JAMSON Phone: 704-575-4303 Owner (s) Mailing Address: 20 FOUNTAIN PARK GVAC SONNA LOVE NO 28300
Land Owner Name (s): VONOIC TOWNSON Phone: TOUR-576-1/302
Construction or Site Address: 20 FOUNTAIN PAY CARE SONOW LAVE NO
PIN#Parcel#
Job Cost:
Specific Directions to Job from Lillington:
Subdivision:Lot#:
Cartina Comfort Alwill provide the MECH/EUC labor on this structure.
Contractors Name) Lot #: [Contractors Name] Lot #: [Contractors Name] Lot #: [Contractors Name] Lot #: [Contractors Name] [Contractors Name] [Contractors Name]
Carling Compared Allwill provide the Mark Para Lot #: Lot #:
Contractors Name) Lot #: [Contractors Name] Lot #: [Contractors Name] Lot #: [Contractors Name] Lot #: [Contractors Name] [Contractors Name] [Contractors Name]
Contractors Name Mark Frowide the Mark Lot #: labor on this structure.
I CONTINUE COMPAND WITH Provide the MONTH FLAT Labor on this structure. (Contractors Name) I am the building owner or my NC state license number is 2907 23988 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 Contractor's Company Name Address Address
Contractors Name Mark Frowide the Mark Lot #: labor on this structure.

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