Application #
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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: MNShan Sholdon Phone: 828-365-649
Owner (s) Mailing Address: 905 Ruth (1006)
FUMUAU-MAVING NC DEMO
Land Owner Name (s): (INTS Trail Shallon Phone: 828-205-6419
Construction or Site Address: 905 RIATH CIVIL FUGUE VICE 275
PIN#Parcel#
Job Cost: \[ \sum_{\sum_{\text{SDD}}} \] Description of Work to be done \( \frac{\text{FUSDNG}}{\text{FUSDNG}} \) \( \frac{\text{SDNG}}{\text{SDNG}} \) \( \frac{\text{SDNG}}{\text{SDNG}} \) \( \frac{\text{DNS}}{\text{CONNCCF}} \) \( \frac{\text{SDNG}}{\text{CONNCCF}} \) \( \frac{\text{SDNG}}{\text{CONNCCF}} \) \( \frac{\text{SDNG}}{\text{CONNCCF}} \) \( \frac{\text{SDNG}}{\text{CONNCCF}} \) \( \frac{\text{SPNG}}{\text{CONNCCF}} \) \( \frac{\text{CONNCCF}}{\text{CONNCCF}} \) \( \frac{\text{CONNCCF}}{\text{CONNCCF}} \) \( \fr
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) will provide the West / EVEC labor on this structure
(Contractors Name)  I am the building owner or my NC state license number is 3/589/23988-1-
(Contractors Name)  I am the building owner or my NC state license number is 3/589/33988-L  perform such work on the above structure legally. All work shall comply with the State Residue.
(Contractors Name)  I am the building owner or my NC state license number is 3/589/33988-L  perform such work on the above structure legally. All work shall comply with the State Residue.
I Contractors Name)  I am the building owner or my NC state license number is 3/589/33984 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  1 abor on this structure.  (Trade)  (Trade)  (Trade)  (Abord 1 abor on this structure.  (Trade)  (Trade)  (Abord 2 abor on this structure.  (Trade)  (Abord 2 abor on this structure.  (Trade)  (Abord 3 abor on this structure.  (Abord 3 abor on this structure.  (Trade)  (Abord 3 abor on this structure.  (Trade)  (Abord 3 abor on this structure.  (Abor
I CATALINA COMPANIE Provide the MOH PRO labor on this structure.  (Contractors Name)  I am the building owner or my NC state license number is 3/589/3398 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.  (And Company)
(Contractors Name)  I am the building owner or my NC state license number is 3/689/23988-L  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  Telephone  Telephone
Contractors Name    Work   PUC   Labor on this structure.     I am the building owner or my NC state license number is 3/589/3388   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   Telephone   Tele

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