

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: Betty McNeal Phone: 910-813-4204

Owner (s) Mailing Address: 644 Riverwind Dr
Spring Lake, NC 28390

Land Owner Name (s): Robert McNeal Phone: 910-813-4204

Construction or Site Address: 644 Riverwind Dr Spring Lake, NC 28390

PIN # 0534-64-9250.000 Parcel # 010545 0016 41

Job Cost: 7,479.74 Description of Work to be done HVAC RECONNECT

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

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 #: _____

I Bobby McLemore Jr will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33777L, 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.

2B Services

Contractor's Company Name _____

1493 Seabrook Sch Rd , Fayetteville, NC 28312

Address _____

33777L

License # _____

910-485-0068

Telephone _____

twobservicesinc@yahoo.com

Email Address _____

Structure Owner / Contractor Signature: Bobby McLemore Jr Date: 5-30-22

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.

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