listed work.

Application #	<u> </u>

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

AMILOL (9) OLC	Structure: ('Oats Daptist 1	Church Phone: 919 279 7063	
Owner (s) Mailing Address: 5'54 / MCKinky St. (Dats NC 27521			
l and Owner h	Jama /a)ı	Dhana	
		Phone:	
F11N #		Parcel #	
Job Cost (Re	quired): <u>//////. ^{ℓ0}</u> Description of \	Work to be done <u>Classian SHP and</u>	
reconnec	t to existing electro	ral and durtwork	
Mechanical:	New Unit With Ductwork Ne	w Unit Without Ductwork X Gas Piping Other	
Electrical*:		vice Change Service Reconnect Other	
Plumbing:	Water/Sewer Tap Num	nber of Baths Water Heater	
Specific Direc	tions to Job from Lillington:		
	 		
D		1 -1 4	
Subdivision; _		Lot #:	
Lhandle (Con	ex S(Kes will provide the tractors Name)	mechanica (labor on this structure. (Trade)	
am the buildi	ing owner or my NC state license i	number is $\mu q q = 0$, which entitles me to	
perform such	work on the above structure legall	y. All work shall comply with the State Building Code and al	
other applicat	ole State and local laws, ordinance	es and regulations.	
• •		-	
All Sous	SAAS AL YERRABIAGI I		
<u> Ald Secs</u> Contractor's C	Company Name	Telephone	
Address	Son's AC + Heating I Company Name mberland Rd Fayet	Telephone Heville NIC 28306 Email Address	
ALL Secs Contractor's C 398/ Cu Address 11972 License #	ompany Name	Telephone Telephone Allspasnas Onc. rr. com Email Address	
Address <u>//9/7/2</u> License #	company Name Tayes The Contractor Signature:	Email Address	

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

Faxed or Mailed application could have an approximately 1-5 day process time

Application :	ł
** **	

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Owner (s) of	Structure: Cooks Bristist Church Phone: 919 279 7063
Owner (s) Ma	Structure: (acts Baptist Church Phone: 919 279 7063 silling Address: 554 Al ME Kinley St. Coats NC 27521
Land Owner	Nama (a)
	Name (s):Phone:
	or Site Address:
	Parcel #
Job Cost (R	equired): 100/), ⁶⁰ Description of Work to be done <u>Reconnect</u> #VAC
Mechanical:	
Electrical*:	200 Amp <200 Amp Service Change Service Reconnect \(\sqrt{2} \) Other * For Progress Energy customers we need the premise number
Plumbing:	Water/Sewer Tap Number of Baths Water Heater
Specific Direc	ctions to Job from Lillington:
Subdivision:	Lot #:
1 Duncau	Tagasts will provide the <u>Electrica</u> labor on this structure. (Trade)
	ling owner or my NC state license number is $\mathcal{U}-\mathcal{Q}/\mathcal{Q}/\mathcal{Q}$, which entitles me to
	work on the above structure legally. All work shall comply with the State Building Code and all
other applica	ble State and local laws, ordinances and regulations.
Ontractor's	Sons at Heating Tr. 910 818 10206 Company Name Telephone
<u>3981 (J.)</u> Address _U-J/2	mberland Kol Fayetteville NC 28306 allseasons 6) no. rc. and Email Address
License #	
	ner / Contractor Signature: 1000 (1000) Date: 9:28:33
By signing this a behalf. If doing t listed work.	pplication, you affirm that you have obtained permission from the above set illense holder to purchase permits on their he work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the

*Company name, address, & phone must match information on license Faxed or Mailed application could have an approximately 1-5 day process time