

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: Brookside Hills, LTD Phone: 910-436-1983

Owner (s) Mailing Address: 56 Sweet Lane
Spring Lake, NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 25-D Honey Dr. Spring Lake, NC 28390

PIN # 0504-96-1591.000 Parcel # 0105250043

Job Cost: _____ 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

910-485-0068

Contractor's Company Name

Telephone

1493 Seabrook Sch Rd , Fayetteville, NC 28312

twobservicesinc@yahoo.com

Address

Email Address

33777L

License #

Structure Owner / Contractor Signature:  Date: 10/13/23

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**