

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: Tina Koonce Phone: 919-499-1063

Owner (s) Mailing Address: 344 Peachtree Lane
Sanford, NC 27332

Land Owner Name (s): Tina Koonce Phone: 919-499-1063

Construction or Site Address: 344 Peachtree Lane, Sanford, NC 27332

PIN # 9587-50-7676.000 Parcel # _____

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
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:  Date: 7-17-21

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**