| Application # | |
|---------------|--|
| | |

to

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: | | | Phone: | | |
|--|-------------------------------------|--|---|--|--|
| Owner (s) Ma | ailing Addres | ss: | | | |
| Land Owner Name (s): | | | Phone: | | |
| Construction | or Site Add | ress: | | | |
| PIN # | | Parcel # _ | | | |
| Job Cost: | | Description of Work to be done | | | |
| Mechanical: | New Unit \ | With Ductwork New Unit With | out Ductwork Gas Piping Other | | |
| Electrical*: | | <200 Amp Service Change Service Reconnect Other ess Energy customers we need the premise number | | | |
| Plumbing: | Water/Se | Water/Sewer Tap Number of Baths Water Heater | | | |
| Specific Dire | ections to Job | o from Lillington: | | | |
| | | | | | |
| | | | | | |
| Subdivision: | | | Lot #: | | |
| | | | | | |
| (Co) | will provide the (Contractors Name) | | labor on this structure. | | |
| I am the building owner or my NC state license number is | | | | | |
| | | | shall comply with the State Building Code and all | | |
| • | | d local laws, ordinances and regul | • | | |
| | | | | | |
| Contractor's Company Name | | ame | Telephone | | |
| Address | | | Email Address | | |
| License # | | | | | |
| Structure Ow | vner / Contra | actor Signature: <u>ANGCLA</u> | COV SNGTO 10 bate: | | |
| | | | d permission from the above listed license holder tery you understand that you cannot rent, lease or se | | |

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

the listed property for 12 months after completion of the listed work.