| 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 Wo | escription of Work to be done | | | | |
| Mechanical: | New Unit V | With Ductwork _ | New Unit Withou | ut Ductwork | Gas Piping Other | | |
| Electrical*: | | <200 Amp Service Change Service Reconnect Other ess Energy customers we need the premise number | | | | | |
| Plumbing: | Water/S | er/Sewer Tap Number of Baths Water Heater | | | | | |
| Specific Direct | ctions to Job | o from Lillington: | | | | | |
| Subdivision:L | | | | Lot #: | | | |
| (Contractors Name) (Contractors Name) (I am the building owner or my NC state license number is | | | | | | | |
| | | | | | | | |
| • | | | linances and regulat | | th the State Building Code and all | | |
| Contractor's Company Name | | | | elephone | | | |
| Address | | | | Email Address | | | |
| License # | | | | | | | |
| Structure Ow | ner / Contra | ıctor Signature:∡ | ANGCIA C | OVING | 7701/Date: | | |
| | | | | | m the above listed license holder to 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.