

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: Pamela Rollins Phone: 910-922-7188

Owner (s) Mailing Address: 3570 Nursery Rd
Spring Lake, NC 28390

Land Owner Name (s): Pamela Rollins Phone: 910-922-7188

Construction or Site Address: 3570 Nursery Rd, Spring Lake, NC 28390

PIN # 0506-52-0334.000 Parcel # 010506 0076

Job Cost: _____ Description of Work to be done Service 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 J. Damon Bartlett will provide the Electrical Reconnect labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 24311-L, 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.

D2 Electric
Contractor's Company Name
100 Hidden Creek Lane
Address
24311-L
License # _____

910-723-3242
Telephone
d2electric1@gmail.com
Email Address

Structure Owner / Contractor Signature:  Date: 7/22/2025

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**