7/27/18

Application # E BES1807-008

## **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: Amanda James Skiehrovec	Phone: 724-331-4521
Owner (s) Mailing Address: 1706/New York AVE	<u>e</u>
Port Vue Pa 15133	
Land Owner Name (s):	Phone:
Construction or Site Address: 40 Woodbridge Or.	Spring Lake Nc & 2839
PIN # Parcel #	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Job Cost:Description of Work to be done	Re-Cennoert
Mechanical: New Unit With Ductwork New Unit Without Ductv	work Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Service Change Serv	ervice Reconnect Other ee number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Subdivision:Lot	t #:
I will provide the	labor on this structure.
(Contractors Name) (T	rade)
I am the building owner or my NC state license number is	, which entitles me to
perform such work on the above structure legally. All work shall con	nply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name	Telephone
Address	Email Address
License #	
Λ	
Structure Owner / Contractor Signature	word Date: 77-18
By signing this application you affirm that you have obtained permiss	sion 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