

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: PLJS Properties, LLC Phone: 910-790-3322

Owner (s) Mailing Address: 1421 E. Broad St. Suite 343
Fuquay-Varina, NC 27526

Land Owner Name (s): same Phone: same

Construction or Site Address: 784 Crawford Rd., Coats

PIN # _____ Parcel # _____

Coats

Job Cost: _____ Description of Work to be done service reconnect
meter base inspected

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, _____ provide the _____ labor on this structure.
(Contractors Name) (Trade)

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 comply 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 # _____

Structure Owner / Contractor Signature: [Signature] Date: 9/23/18

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**

[] Existing Sewer: [] Private [] Public [] Proposed

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: *Paul East*

Date: 9/26/2018

NOTED
Notes: Renovation ZONING ADMINISTRATOR USE ONLY

Approved: []

Denied: [] []

CONTROL Forms.TextBox.1 \s

Zoning Administrator: *Nick Holcomb*

Date: 9/26/18

THIS PERMIT IS VALID FOR 12 MONTHS

APPROVED *NH*

TOWN OF COATS ZONING
VALID FOR 12 MONTHS

TOWN OF COATS

ZONING PERMIT APPLICATION

Post Office Box 675 • Coats, North Carolina 27521

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