Application #	
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: GORDON MASON Phone: 910-308-6693
Owner (s) Mailing Address: 55 PETE MASON DR
SPRING LAKE NC 28390
Land Owner Name (s): CORDON MASON Phone: 910-308-6693
Construction or Site Address: 106 ENNIS ST ERVIN NC
PIN# 0597-50-4456.000 Parcel# 040596 0411
Job Cost:Description of Work to be done <u>UPGRADE</u> <u>FLECTR'CAL</u> <u>SERVICE</u>
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 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: 421 To ERNIN 5 13TH 5T
TO FRIS BRYANT RD LEFT ON ELMIS ST.
Subdivision:Lot #:
(Contractors Name) will provide the electrical (Trade)
I am the building owner or my NC state license number is 27313-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.
All Power Solutions 910-605-2067 Contractor's Company Name Telephone
5418 Hanston Rd weglins@gmail.com Email Address
27313-L License #
Structure Owner / Contractor Signature: Publication 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

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Signature of Town Representative:

Town of Erwin Zoning Application & Permit

Permit #	
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Planning & Inspections Department

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Each applicat shape, existin dimensions.	ion shou g and pr	ld be submitt oposed build	ed with an attached plo ings, parking and load	ot/site plan wing areas, acc	vith the pess driv	proposed use/strues and front, rear	acture showing lot , and side yard			
Name of Ap	plicant	GORD	Property Owner		GODON MASON					
Home Addre	ess	55 PETE MASON DR		Home Address		SS PETE MASONDR				
City, State, Z	Zip	_	a LAKE NC	City, State, Zip		SPRICE LAKE NC 28380				
Telephone			8-6693	Telephone		910-308-6683				
Email				Email						
Address of Proposed Property 106 Enn's ST ERWIN NC										
Parcel Identification Number(s) (PIN) U597 - 50 - GG 56 Estimated Project Cost										
			build / what is	0000	<u> </u>		·			
the proposed use of the subject property? Be specific. ELECTRICAL REPAIRS										
Description of to the building			manda			SERJICA	9			
What was the	e Previou	is Use of the	subject property?	RESID	ANTA.					
Does the Pro				NO						
Number of d	welling/	structures on	the property already		Prope	erty/Parcel size	. 32			
Floodplain SFHA Yes No Watershed Yes No Wetlands Yes No										
MUST circle one that applies to property Existing/Proposed Septic System Or										
Existing/Proposed County/City Seiver CiTy SWL										
The 1	3		Owner/Applicant M	lust Read an	d-Sign	/				
i ne undersigne answers, statem	a propert	y owner, or du other informat	ly authorized agent/repre	sentative ther	eof certifi	ies that this applica	tion and the forgoing			
and belief. The	undersigi	ning party und	tion herewith submitted a erstands that any incorrec	re in all respection	cis true ai submitte	na correct to the be of may result in the	st of their knowledge			
application. Up	on issuan	ce of this perm	it, the undersigning party	agrees to con	form to a	all applicable town	ordinances, zoning			
regulations, and	l the laws	of the State of	North Carolina regulating	g such work a	nd to the	specifications of pla	ans herein submitted.			
The undersignir	ng party a	uthorizes the T	own of Erwin to review t	his request an	d conduc	t a site inspection t	o ensure compliance			
to this application			1/-	7/			7 10			
SOR OF	/ ///6	150N	Signature of Owner o	9			<u>7-</u> 18			
For Office Use			5.grature of Owner o	r Representany	<u>e</u>	Date				
Zoning Distric	t T	BR	Existing Nonconforming	no I lees or Fee	turos		,			
Front Yard Sethack		Existing Nonconforming Uses or Features Other Permits RequiredConditional UseBuildingFire Marshal Other								
		10	Requires Town Zonin				rior to C. of O.			
Side Yard Setback		کور ا	Zoning Permit Status Approved Denied							
Rear Yard Setback Date Paid: Date Paid: Staff Initials:										
Comments	Ele.	CTAL	Service	UPSrau	ve	· · · · · · · · ·				

Pate Approved/Denied: