

1:54pm

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: Joseph Harsh Phone: _____

Owner (s) Mailing Address: 43 Bishops Ct
Cameron, NC

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 43 Bishops Ct, Cameron, NC

PIN # _____ Parcel # _____

RA20R

Job Cost: 600.00 Description of Work to be done: Reinstalling Existing Service - removed to replace siding
due to rot

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 George R Goforth, Jr will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 14935-U, 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.

First Call Electric
Contractor's Company Name
1534 Londonderry Place, Fayetteville, NC 28301
Address
14935-U
License #

910-488-3093
Telephone
aporter316@aol.com
Email Address

Structure Owner / Contractor Signature: *[Signature]* Date: 12/11/18

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**

OS 2014-15
Date: _____

By signing this declaration you agree that the information provided is true and correct to the best of your knowledge and belief. If you are a partner in a firm, you are signing on behalf of the firm and you warrant that you are duly authorized to do so.

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge and belief. I/We warrant that I/We are duly authorized to sign this declaration on behalf of the firm.

Signature: _____
Name: _____
Designation: _____
Firm Name: _____
Firm Address: _____
Firm Telephone: _____

Date: _____
By signing this declaration you agree that the information provided is true and correct to the best of your knowledge and belief. If you are a partner in a firm, you are signing on behalf of the firm and you warrant that you are duly authorized to do so.

Company name, address & phone number for information only