

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: MICHAEL OSBORNE Phone: 919 801 1400

Owner (s) Mailing Address: 5201 BARBARAKENBAM TR1
FUGWAY VACINA NC 27526

Land Owner Name (s): MICHAEL OSBORNE Phone: 919 801 1400

Construction or Site Address: 134 ALLEN DR FUGWAY VACINA

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done 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:
401 W (TOWARD FUGWAY)

Subdivision: _____ Lot #: _____

I _____ will 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: Michael Osborne Date: 4/24/19

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**