ERES 1905-0833

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)

| | Phone: 410-840- 61 |
|--|---|
| Owner (s) Mailing Address: 337 CRAWFORD Rd. | |
| | 9 |
| Land Owner Name (s): LeoN SmitH | Phone: |
| Construction or Site Address: 919 Hwy 55 EAST | COATS N.C. |
| PIN # Parcel # | |
| Job Cost:Description of Work to be done Service | |
| Mechanical: New Unit With Ductwork New Unit Without Ductwo | ork Gas Piping Other |
| Electrical*: 200 Amp <200 Amp Service Change Service For Progress Energy customers we need the premise | vice Reconnect Other number |
| Plumbing: Water/Sewer Tap Number of Baths | Water Heater |
| Specific Directions to Job from Lillington: | |
| | |
| Subdivision:Lot # | : |
| (Contractors Name) will provide the OWNER (Tractors Name) | |
| 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 comp | ly 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 # | F 21-10 |
| Structure Owner / Contractor Signature: | Date: 5 - 21 - 19 |
| By signing this application you affirm that you have obtained permissio | n from the above listed license holder to |

*Company name, address, & phone must match information on license

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.