ERESICIOG-0035

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: Northpart Lake Charles UC Phone: 9104363328	
Owner (s) Mailing Address: 16 B Wedgewood	Dr
Soring lake we	28390
Land Owner Name (s):Phone: Construction or Site Address: 842 D Azale a Dr	
Job Cost:Description of Work to be done	
Mechanical: New Unit With Ductwork New Unit Without	Ductwork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change _ * For Progress Energy customers we need the p	Service Reconnect \(\sum_{\text{oremise number}} \) Other
Plumbing: Water/Sewer Tap Number of Baths _	Water Heater
Specific Directions to Job from Lillington:	
, .	
Subdivision:	Lot #:
(Contractors Name) will provide the	labor on this structure.
	· ·
I am the building owner or my NC state license number is	
perform such work on the above structure legally. All work sha	all comply with the State Building Code and all
other applicable State and local laws, ordinances and regulation	ons.
Contractor's Company Name	Telephone
*	
Address	Email Address
License #	
	1
Structure Owner / Contractor Signature:	Date: 6-20-19
By signing this application you affirm that you have obtained per purchase permits on their behalf. If doing the work as owner you	ermission from the above listed license holder to be understand that you cannot rent, lease or se

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

the listed property for 12 months after completion of the listed work.