

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: LONDA TAYLOR Phone: 910-893-5115

Owner (s) Mailing Address: 4601 NURSERY ROAD
SPRING LAKE NC

Land Owner Name (s): LONDA TAYLOR Phone: 910-893-5115

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done GENERATOR INSTALL

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 ASHLEY EICHAUX will provide the ELECTRICIAN labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 40910, 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.

ASHLEY EICHAUX
Contractor's Company Name

PO BOX 300 WAREHOUSING NC 28472

Address 40910

License # _____

910-642-3057
Telephone

jaehly@bizel.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 07/01/19

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**