

Application # ERES1907-0012

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: Nancy Giberson Phone: 919-586-6335

Owner (s) Mailing Address: 44 Sweet Samantha Ct
Fuquary Varina 27526

Land Owner Name (s): Nancy Giberson Phone: 919-586-6335

Construction or Site Address: 44 Sweet Samantha Ct

PIN # _____ Parcel # _____

Job Cost: 1160.25 Description of Work to be done Dedicated 20amp circuit in the garage

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 Michael and Son Services will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 19962-01, 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.

Michael and Son Services
Contractor's Company Name

4001 Atlantic Ave Raleigh NC 27604
Address

1996201
License #

919-390-1094
Telephone

Permitsnc@michaelsandson.com
Email Address

Structure Owner / Contractor Signature:  Date: 7/5/19

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