

Application # \_\_\_\_\_

### 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: Wellons Properties, Inc. Phone: 910-766-6455

Owner (s) Mailing Address: PO Box 1254  
Dunn NC 28335

Land Owner Name (s): Wellons Properties, Inc. Phone: 910-892-0436

Construction or Site Address: 2421 Beaver Dam Rd. Erwin, NC 28339

PIN # 0585-94-8560.000 Parcel # 120585.0030

Job Cost: \_\_\_\_\_ Description of Work to be done Reconnect Only

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 2 Water Heater

Specific Directions to Job from Lillington:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

N/A

Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

Structure Owner / Contractor Signature: *Don Wellons* Date: 1/9/2019

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**