

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: Joshua Tison Phone: (910) 705-2374

Owner (s) Mailing Address: 24 Bayleaf Ln

Land Owner Name (s): Joshua Tison Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: 67,000 Description of Work to be done T- pole

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:
Remodel

Subdivision: _____ Lot #: _____

I Tracy Byrd will provide the Reconstruction labor on this structure.
(Contractor's Name) (Trade)

I am the building owner or my NC state license number is 72442, 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.

Bain Electrical ~
Contractor's Company Name
5615 Samba Jackson Rd. Wade
Address NC
27071
License #

(910) 705-2473
Telephone
Tracy.byrd@response-team1.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 8-15-19

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