

Application # ERES1911-0022

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: Jessie Martin Phone: 910 364-1580

Owner (s) Mailing Address: 49 Pelican Ct
45 Sanford, NC 27332

Land Owner Name (s): same Phone: _____

Construction or Site Address: same

PIN # _____ Parcel # _____

Job Cost: 9820 Description of Work to be done Install a pad mount generator with ATS. LP connections will be made by Parker Gas and is contracted directly with Mr. Martin.

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:

Carolina Lakes

Subdivision: _____ Lot #: _____

I Nathan Sayers will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30099-L, 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.

NT Electrical Service
Contractor's Company Name
7014 Rockridge Ln
Address
30099-L
License #

(910) 446-1089o/ (910) 303-3486c
Telephone
ntsayers@gmail.com
Email Address

**Nathan
Sayers**

Digitally signed by
Nathan Sayers
Date: 2019.11.11
07:05:04 -05'00' Date: 11/11/2019

Structure Owner / Contractor Signature: _____

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**

ATT: Donna

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Jesse Martin Phone: 364-1580

Owner (s) Mailing Address: 45 Pelican Ct.
Sanford, N.C. 27332

Land Owner Name (s): Jesse Martin Phone: _____

Construction or Site Address: 45 Pelican Ct.

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done Run Gas line to Generator

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, _____ 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.

Parker Gas
Contractor's Company Name
2785 Owen Dr
Address
29505
License #

910-323-8283
Telephone
r.larson@parkergas.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 11/14/19

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