

Application # _____

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 - Physical Address - 420 McKinney PKWY Lillington NC 27546
Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

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

Owner (s) of Structure: KAUS CREWS Phone: _____

Owner (s) Mailing Address: 1701 HOBSON RD
QUINN

Land Owner Name (s): STONE Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): 600.00 Description of Work to be done: change out TRANSFER ST
for 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 DANNY will provide the ELECT labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 49100, 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.

PATRICK ERE OF LICKS CONT LLC
Contractor's Company Name Telephone _____

1309 N MAIN ST LILLINGTON
Address Email Address _____

49100
License #

Structure Owner / Contractor Signature: [Signature] Date: 3-22-23

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**
Faxed or Mailed application could have an approximately 1-5 day process time