APPRILOZION # ERESDOOD-0013

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: John Or	Kellan Sheila Burke ala- 770-3758
Owner (s) Mailing Address: P.O.13	Ox CII
	Olivia 28368
Land Owner Name (s):	Phone:
Construction or Site Address: & h	yttle Lake Sahford NC 27332
	Parcel #
Job Cost:Description of Wo	ork to be done
Mechanical: New Unit With Ductwork	_ New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp <200 Amp * For Progress Energy custo	Service Change Service Reconnect Other omers we need the premise number
Plumbing: Water/Sewer Tap	Number of Baths Water Heater
Specific Directions to Job from Lillington:	premise # 265 945
Subdivision:	Lot #:
	the CCC labor on this structure.
I am the building owner or my NC state lice	ense 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, ordin	nances and regulations.
	919-774-1650 Telephone
Contractor's Company Name	Telephone
Address Sanf	Email Address
License #	(100 P. 1 210 25
Structure Owner / Contractor Signature:	5 helia Burke Date: 2-10-20
	ou 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