Application # Eyes 7007- (1934)

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 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: Robert Pleasant Phone. 910-580-2.	520
Owner (s) Mailing Address: 6/0 Fleming RD. Costo n.C.	
Land Owner Name (s): Pleasant IN Vestment ING Phone: 910-580-25	2.0
Construction or Site Address: 17 west main 57 Conta on. C.	
PIN or Parcel # from GIS;	_
1 1 1	-
Job Cost: 800- 00 Description of Work to be done Check meter Base & Panne	l
has been inspelled long live and many language	
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping	serve
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 Joh from I Illington	
42/ To 27 Huy To 55 Huy at Goto Turn Right at 5 Topl	5d+
Bulling on left as seen as your true Back Bight	-
Building on left as soon as your trum Backif Building Subdivision: Subdivision:	-
Lot #:	
(Contractors Name) will provide the Electrical labor on this structu	ire.
I am the building owner or my NC state license number is 20256-L, which entitles me	to
perform such work on the above structure legally. All work shall comply with the State Building C	
and all other applicable State and local laws, ordinances and regulations.	
Structure owner(s) signature: Robert Pleasant Date: 2-18-20	
Company Name: Bush & Cl och & D. R.	
Address: 143 Mingo Rd Benson 919-669-3843	
County: Johnston Contractor's License #: 20256-L	
Contractor's Signature: Johnny H. Bynd Date: 2-18-20	
*Company name, address, & phone must match information on license	
RADE Section For To and Thanks Johnny Bend	
	4/08



ZONING PERMIT APPLICATION

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett ounty Building Inspections Department.

Permit No.: 2-20-20-1 Date: 2-20-20 1	Fee: 450	
Parcel ID*: 07069015110009 Area 2	Zoned As: MUV	
APPLICANT:	PROPERTY OWNER:	
	ame PLOTSANT IN VESTMENTS INC	
Address 610 Frening RD Address 15 W MAIN ST		
City, State Co475 N.C. Ci	ity, State CoATS N. C.	
Zip Code 2752/		
Phone # 910 - 586 - 2520 Phone # 910 - 580 - 2520		
Location of Property: IN-TOWN ETJ	ETJ (contiguous)	
Present Use of Property: BUSINESS- SCREW PLINTING		
PROPOSED USE OF PROPERTY:	*	
Single Family Dwelling: # Rooms: # Bedroom Multi Family Dwelling: # of Units: # Bedroom Mobile Home (single lot): Single wide: Double V Section 16, Zoning Ordinance must Mobile Home Park: Section 16, Zoning Ordinance must Total # of employees per day Others (specify):		
Existing structure: Renovate: Ad	dition: Demolish:	
WATER AND SEWER SUPPLY:		
Water: [] Private [] Public Sewer: [] Private [] Public	[] Proposed []Existing [] Proposed []Existing	
Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the post of my knowledge. False information is grounds for rejection of the application. Signature: Date: 2-20-20		
ZONING ADMINISTRATOR USE ONLY Notes:		
ing Administrator: Not Hole	Denied: []	
THIS PERMIT IS VALID FOR 12 MONTHS		