

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Kevin Eder Phone: _____

Owner (s) Mailing Address: 240 Peanut Lane
Cameron, NC. 28326

Land Owner Name (s): Same Phone: _____

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

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:
Change out Electrical Service and
INSTALL Generator

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.

Michael Ross Electric 910-315-3850
Contractor's Company Name Telephone

160 Shelly Ln Cameron michaelross1963@icloud.com
Address Email Address

26366
License #

Structure Owner / Contractor Signature: Michael Ross Date: 5-1-20

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

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Michael Ross Electric 910-315-3850

Contractor's Company Name

Telephone

1160 Shelly Ln Cameron

michaelross1963@icloud.com

Address

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* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Kevin Eder Date: 5-1-20
Site Address: 2410 Peanut Ln Phone: 716-292-0958
Subdivision: Briggs Farm Community Lot: _____
Description of Proposed Work: Service change, Install Generator Total Job Cost: 1,500.00

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Michael Ross Electric Telephone: 910-315-3850
Electrical Contractor's Company Name _____
1600 Shelly Ln Email Address: michaelross1963@icloud.com
Address _____
26366 License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**