

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: Landa Phone: 813-417-4103

Owner (s) Mailing Address: 136 Heatherspring Way

Land Owner Name (s): Same Phone: _____

Construction or Site Address: Same

Job Cost: _____ Description of Work to be done Service Upgrade

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Jason Autry have provided or will provide the Electrical labor
(Name) (Trade)

on this structure. I am the owner or hold a NC state Electrical license number
(Trade) 24833-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.

Owner (s) signature: Jason Autry Date: 9-1-20

Contractor's Name: Jason Autry Phone: 487-3532

Address: 3924 Sunnyside School Rd Fayetteville, NC 28312

County: Cumberland Contractor's License #: 24833-L

Contractor's Signature: Jason Autry Date: _____

*Company name, address, & phone must match information on license.