

Application # _____

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: KEVIN MATTHEWS Phone: _____

Owner (s) Mailing Address: 5363 RAWLES CHURCH ROAD
FUQUAY VARINA

Land Owner Name (s): SAME Phone: _____

Construction or Site Address: SAME

PIN # _____ Parcel # PREM. #02379615

Job Cost: 3500.00 Description of Work to be done WIRE GENERATOR
DIXIE DENNING SUPPLY BENSON 919-864-3824 LIC. 21095

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 TOMMY PATRICK will provide the PATRICK ELECTRICAL CONST labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910 U, 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.

Contractor's Company Name
1309 N MAIN ST LILLINGRTON
Address
4910 U
License # _____

910-237-1594
Telephone
TOMMYPATRICK910@GMAIL.COI
Email Address

Structure Owner / Contractor Signature:  Date: 9-11-2020

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**