

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: H.L. Sorrell Phone: 9108975611

Owner (s) Mailing Address: 1046 Johnson Rd Coats NC 27521

Land Owner Name (s): H.L Sorrell Phone: 9108975611

Construction or Site Address: 1046 Johnson Rd Coats NC 27521

PIN # _____ Parcel # _____

Job Cost: 1200 Description of Work to be done _____
gas piping for the installation of a generator

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:

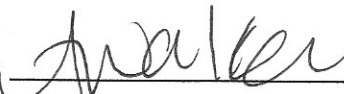
Subdivision: _____ Lot #: _____

I Canady's will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33452, 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.

Canady's
Contractor's Company Name
548 Jack Rd Clayton NC 27520
Address
33452
License # _____

919431648
Telephone
rays@canadyshvac.com
Email Address

Structure Owner / Contractor Signature:  Date: 9-28-2020

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**

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: H.L. Sorrell Phone: 9108975611

Owner (s) Mailing Address: 1046 Johnson Rd
Coats NC 27521

Land Owner Name (s): H.L. Sorrell Phone: 9108975611

Construction or Site Address: 1046 Johnson Rd Coats NC 27521

PIN # _____ Parcel # _____

Job Cost: 8350 Description of Work to be done installtion of a 22 kw generator with a 200 amp transfer switch

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:

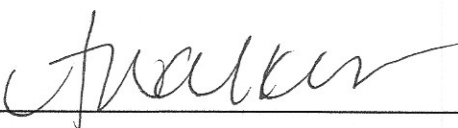
Subdivision: _____ Lot #: _____

I Chris Conrad will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 26804U, 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.

CMC Electrical
Contractor's Company Name
PO Box 1833 Clayton NC 27528
Address
26804u
License # _____

9192910989
Telephone
amanda@cmcelectrical.com
Email Address

Structure Owner / Contractor Signature:  Date: 9/28/2020

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**