A I' II	
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: KARTON Peoperlies	Phone: 336-263-544
Owner (s) Mailing Address: P. o. Box 597	
OLIVIA Ne 28368	- 12
Land Owner Name (s): Karton Properties, Wal Ton Pl	Phone: 336263-5444
Construction or Site Address: 151 VIR6/NIALANCE	AMERON NC 28326
PIN # Parcel #	
Job Cost: 10,000. Description of Work to be done Repair V Clean Walls in Rest of Hause, Replace Ins	Valls & Ceiling in M. BAth colation in BA+6, Paint
Mechanical: New Unit With Ductwork New Unit Without Ductw	vork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Se * For Progress Energy customers we need the premise	ervice Reconnect / Other e number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington: HWY HWY HEMTAGE VILLAGE 27 +024, TAR PLONTS IN dependence WAZ, lefton VIR OINIA	Nefton 1094, THEN HERITAGE MAS, PX ON
Subdivision: Nevilog VIIIHOF Lot	#:
(Contractors Name) will provide the	labor on this structure.
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 com	nply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name	Telephone
Address	Email Address
License #	
Structure Owner / Contractor Signature: Welly Kirls	Date: 12/2/20
By signing this application you affirm that you have obtained permiss	sion 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