

**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: Hank Slemo Phone: 304-964-2522

Owner (s) Mailing Address: 423 McArthur Road  
Broadway, NC 27505

Land Owner Name (s): Hank Slemo Phone: 304-964-2522

Construction or Site Address: 423 McArthur Road Broadway NC

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_ 27505

Job Cost: 2700<sup>00</sup> Description of Work to be done Installing propane gas yard  
line and piping to 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 Don Welles will provide the Mechanical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 26811, 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.

Wellbilt Gas Company  
Contractor's Company Name  
P.O. BOX 50 Bear Creek, NC  
Address 27207  
26811  
License #

336-382-9982 - cell  
Telephone  
Wellbilt gas company@gmail.com  
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 07-01-21

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

Office # for payment 919-769-8387