Application #_		
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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: 10NAID BARNTS Phone:	910 494-066
Owner (s) Mailing Address: 11983 HWY ZIO	5
SPRING LAKE	$V \subset$
Land Owner Name (s): DOWALD BARNES Phone:	sand
Construction or Site Address: SAME	
PIN # Parcel #	
Job Cost: Description of Work to be done OF OF	07
Mechanical: New Unit With Ductwork New Unit Without Ductwork G	Sas Piping Other
Electrical*: 200 Amp Service Change Service Reco	nnect Other
Plumbing: Water/Sewer Tap Number of Baths Water He	ater
Specific Directions to Job from Lillington:	WARE
Subdivision:Lot #:	
DONAN BARNES will provide the la (Contractors Name) (Trade)	abor on this structure.
I am the building owner or my NC state license number is	
- 1 - 1	
perform such work on the above structure legally. All work shall comply with the	e State Building Code and an
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name Telep	hone
Address	Address
License #	URate Sept. 16-7
Structure Owner / Contractor Signature:	Coalc.
By signing this application you affirm that you have obtained permission from the	ne above listed license holder to

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

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.