| Application # |  |
|---------------|--|
| 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: Maria Rios Luera Phone: 919-888-8603                                                                                                                           |  |  |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                | Owner (s) Mailing Address: 204 Patsy 2d Cameron NC 28326                                                                                                                               |  |  |
|                | Land Owner Name (s):Phone:                                                                                                                                                             |  |  |
|                | Construction or Site Address: 64 Bob Cat Ln Cameron NC 28326                                                                                                                           |  |  |
|                |                                                                                                                                                                                        |  |  |
| PIN # Parcel # |                                                                                                                                                                                        |  |  |
|                | Job Cost: \$500 Description of Work to be done Service Reconnect                                                                                                                       |  |  |
|                |                                                                                                                                                                                        |  |  |
|                | Machaniant Manual Manual Date of the Manual Con Dining Other                                                                                                                           |  |  |
|                | Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other                                                                                                          |  |  |
| <              | Electrical*. 200 Amp <200 Amp Service Change Service Reconnect \( \subseteq \) 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: Cameron Hill Acres Subdivision Lot#:                                                                                                                                      |  |  |
|                | $\Delta$ $\alpha$                                                                                                                                                                      |  |  |
|                | <u>Osear Vane gas</u> will provide the <u>Electrical</u> labor on this structure.  (Contractors Name) (Trade)                                                                          |  |  |
|                | I am the building owner or my NC state license number is $2.31434$ , 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.                                                                                                                     |  |  |
|                | AV Electrical Contractor (919)356-3478                                                                                                                                                 |  |  |
|                | Centractor's Company Name Telephone                                                                                                                                                    |  |  |
|                | 914 Little John Un Sanford NC 27333 Oveketrical controctor Egmail. Con Email Address                                                                                                   |  |  |
|                |                                                                                                                                                                                        |  |  |
|                | L. 31434                                                                                                                                                                               |  |  |
|                | License #                                                                                                                                                                              |  |  |
|                | Structure Owner / Contractor Signature:                                                                                                                                                |  |  |
|                | 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. |  |  |
|                | the listed property for 12 months ditor completion of the listed work                                                                                                                  |  |  |

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