AND DESCRIPTION OF THE PARTY OF	THE RESERVE OF THE PERSON NAMED IN	The same of the sa				
Revise	ed App	lication)	Applica	tion #	
Mailing Add	Ph.:	Lillington, NC 27546 910-893-7525 - Fax tification of Work	910-893-2793 - W	s – 420 McKir ww.harnett.org Dwner/Cont	permits	llington NC 27546
Owner (s) of St Owner (s) Mailin	ructure: GLLV ng Address:_L	n+Kenda to+ Wesly	y Springs	y Phone:	(919) 6	21-2992
Construction or	Site Address:_	onn + Kend (041 Oak 1078:000	ridge Di	luphone:	(919)60 Rd.	21-2992
Job Cost (Required For albra	uired): <u>\$150</u> 0	Description of W	ork to be done_1	Bough	In Ins	pection:
Electrical*: 2	00 Amp X <2	uctwork New 00 Amp Servi nergy customers v	ce Change S	Service Reco		
		ap Numb			eater	
Specific Direction	ons to Job from	Lillington:				
	43 - 100	.367 .57	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)			
Subdivision:		Strate Sale	L	ot #:	- F1	
Shawn K	Pornous actors Name	will provide the	Electrica (Lla	abor on this	structure.
I am the building	g owner or my l	NC state license nu	umber is <u>U427</u>	2	, which entit	les me to
perform such wo	ork on the abov	e structure legally.	All work shall co	mply with th	e State Build	ling Code and all
other applicable	State and loca	l laws, ordinances	and regulations.			

Structure Owner / Contractor Signature:

Date: 9 | 2022

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.

5330 Country Club Rd

License #

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

Faxed or Mailed application could have an approximately 1-5 day process time

Email Address