

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546
Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Sierra L. Burrell Phone: 910-867-0551

Owner (s) Mailing Address: _____

Land Owner Name (s): Sierra L. Burrell Phone: 910-867-0551

Construction or Site Address: 20 Farrow Ct., Linden, NC 28356

PIN # _____ Parcel # 0544-57-0007.000

Job Cost (Required): _____ Description of Work to be done Replace outside service

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: DS-02244-001-001-SWEETWATER Lot #: LOT#17 SWEETWATER MAP#2011-470 0.46AC

I Doug New will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 5119-U, 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.

Three Way Electric Co.
Contractor's Company Name
PO Box 53591, Fayetteville, NC 28305
Address
5119-U
License # _____

910-483-1110
Telephone
no email. FAX #: 910-483-3056
Email Address

Structure Owner / Contractor Signature:  Date: 01-31-2023

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**

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

** Please call for CC - Thank You!!*

TRANSMISSION VERIFICATION REPORT

TIME : 01/31/2023 20:42
NAME : D
FAX : 9104833056
SER.# : BRD0F120058

DATE, TIME 01/31 20:41
FAX NO./NAME 9108932793
DURATION 00:00:52
PAGE(S) 01
RESULT OK
CHECK READABILITY OF TRANSMITTED PAGE(S) 01
MODE STANDARD

Application # _____

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