Application #
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)
er (s) of Structure: Andvew 11Ce Phone (804) 1007-0108
er (s) Mailing Address: 214 Blue Monarch lane
Fugury-Varing, NC.
Owner Name (s): Phone:
truction or Site Address:
Parcel #
Cost (Required): 1000.00 Description of Work to be done 12 parade Service
nanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
rical*: 200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number
bing: Water/Sewer Tap Number of Baths Water Heater
ific Directions to Job from Lillington:
lvision:Lot#:
and Slacks
Nperial Electric labor on this structure. (Contractors Name) (Trade)
the building owner or my NC state license number is 19850 - L, which entitles me to
rm such work on the above structure legally. All work shall comply with the State Building Code and all
applicable State and local laws, ordinances and regulations,
ractor's Company Name 919.363.7474 Telephone
Cattor's Company Name Company Name Telephone
Email Address Con
se#
ture Owner / Contractor Signature:
sing this application, you affirm that you have obtained generally from the above listed license helder to surplies - the in-

Certification of Work Performed B (Individual Trade Apr Owner (s) of Structure: Owner (s) Mailing Address: Land Owner Name (s): Construction or Site Address PIN# Parcel# 1000,00 Job Cost (Required): Description of Work to be done Mechanical: New Unit With Ductwork New Unit Without I <200 Amp ___ Service ChangeX_ Electrical*: * For Progress Energy customers we need the pr Water/Sewer Tap ____ Number of Baths ___ Plumbing: Specific Directions to Job from Lillington: Subdivision: Cwill provide the Sler (Contractors Name I am the building owner or my NC state license number is 198 perform such work on the above structure legally. All work shall other applicable State and local laws, ordinances and regulation Contractor's Company Name Address License # Structure Owner / Contractor Signature: By eigning this application, you affirm that you have obtained permission from the above 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