

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
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: PowerMaster Electric Inc. Phone: 919-557-4477.

Owner (s) Mailing Address: 311 Jarco Dr.
Fuquay-Varina NC 27526

Land Owner Name (s): Garrette Love Phone: _____

Construction or Site Address: 187 Gwendolyn Way Fuquay-Varina NC 27526

PIN # _____ Parcel # _____

Job Cost (Required): _____ Description of Work to be done Generator Install 24Kw

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: _____ Lot #: _____

I PowerMaster Electric Inc. will provide the Electric labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is U.13673, 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.

Hal Buckner Farthing
Contractor's Company Name
311 Jarco Dr Fuquay-Varina NC 27526
Address
U.13673
License #

919-557-4477
Telephone
admin@powermasterelectric.com
Email Address

Structure Owner / Contractor Signature: Hal Farthing Date: 12/18/24

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

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Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I, Carol Wullenwaber will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 36024, 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.

Sharp Energy
Contractor's Company Name
17220 US 421 S.
Address
36024
License #

910-651-4086
Telephone
CWullenwaber@chpk.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 12/18/24

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