

Application # _____

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: Alexia Dewane Phone: 920-254-5310

Owner (s) Mailing Address: 43 White Cloud Ln
Sanford, NC 27332

Land Owner Name (s): Alexia Dewane Phone: 920-254-5310

Construction or Site Address: 43 White Cloud Ln Sanford, NC 27332

PIN # _____ Parcel # _____

Job Cost (Required): \$400 Description of Work to be done Hook up shed to power

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 Alexia Dewane will provide the electrical labor on this structure.
(Contractors Name) (Trade)

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

owner
Contractor's Company Name Telephone

Address Email Address

License # _____

Structure Owner / Contractor Signature: Alexia Dewane Date: 11/5/24

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