

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: James King Phone: 910 391 0504

Owner (s) Mailing Address: 177 North View Dr
Sanford NC 27332

Land Owner Name (s): James King Phone: Same

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost (Required): 2400 Description of Work to be done Install 200 Amp ATS
With 100 Amp Generator

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 James Ott will provide the Ele labor on this structure.
(Contractors Name) (Trade)

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

James Ott Ele
Contractor's Company Name
PO Box 1871 Newport NC 28570
Address
21962-L
License #

2522414206
Telephone
jamesott.electrical@gmail.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 31 Jan 25

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