

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: Doland Baker Phone: 919-222-8345

Owner (s) Mailing Address: 1987 Crawford Rd, Coats, NC,27521

Land Owner Name (s): Dolan Baker Phone: 919-222-8345

Construction or Site Address: 1987 Crawford Rd, Coats, NC, 27521

PIN # _____ Parcel # _____

Job Cost: 1000 Description of Work to be done Insulation inspection

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 Jose Palomo will provide the Insulation 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.

Palomo Insulation Inc.

(919) 369-3770

Contractor's Company Name

Telephone

1079 Lake Wendell Rd, Wendell, NC, 27591

palomolucio22@yahoo.com

Address

Email Address

License #

Structure Owner / Contractor Signature: _____ Date: _____

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**