

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: Iglesia Tabernaculo del Evangelio Phone: _____
Owner (s) Mailing Address: 2291 NC 55 Dunn 910)958 3317

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel # _____

Job Cost: 10,000 Description of Work to be done change out 5 ten

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 Rent Johnson will provide the elec. labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17164, 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.

TJM
Contractor's Company Name

910)8975507
Telephone

724 Lillington Dunn
Address

Email Address

17164
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

Application # _____

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Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Iglesia Tabernaculo del Evangelio Phone: _____
Owner (s) Mailing Address: 2291 NC 55 North 910 858 3317

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN# _____ Parcel # _____

Job Cost: 10,000 Description of Work to be done change air s. ten

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 M. COLLIER will provide the elec. labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 28249L, 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.

on time
Contractor's Company Name _____ Telephone _____

252 pink lane. COATS
Address _____ Email Address _____

28249L
License # _____

Structure Owner / Contractor Signature: [Signature] Date: 10/04

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*Company name, address, & phone must match information on license