Application #_MRES 1812-003/

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: VIVDAN SUE Phone: 919-699-0216			
Owner (s) Mailing Address: 43 RIVERSIDE LAWE			
ERWIN, NC 28339			
Land Owner Name (s): VIVIAW BLUE Phone: 919-699-0216			
Construction or Site Address: 43 RIVERSIDE LAWE ERWIN, NC 28339			
PIN # Parcel #			
Job Cost: \$7,800.00 Description of Work to be done PACKAGED HEAT BUMB AND DUGINDRIK			
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			
ONTO N 13th St. (NC 211) TUN RIGHT ONTO BUNNIEVEC FRUMAN, TUN RIGHT ONTO BUNNIEVEC FRUMAN, TUN RIGHT ONTO BUNNIEVEC FRUMAN,			
Subdivision:Lot #:			
MORMALS HEATING AND Cool in Cool in Cool in Cool in Cool in Contractors Name) MECHANICAC labor on this structure. (Trade) I am the building owner or my NC state license number is 29498 , 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.			
NORMAN'S HEATING AND COOLING CCC Contractor's Company Name 135 BRIDEMINE DR. FUGURY-VARING NC 29526 Address 29498 Telephone Conald norman@live.com Email Address			
License #			
Structure Owner / Contractor Signature: Date: 19 DECOMBER 2010			

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

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Owner (s) of Structure:	Phone:
Owner (s) Mailing Address:	
Land Owner Name (s):	
Construction or Site Address:	
PIN # Parcel #	
Job Cost: PGO0 Description of Work to be done PUA	wire to heat punt
Mechanical: New Unit With Ductwork New Unit Without Ductwork	rk Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service * For Progress Energy customers we need the premise r	
Plumbing: Water/Sewer Tap Number of Baths V	Vater Heater
Specific Directions to Job from Lillington:	
Subdivision:Lot #:	
(Contractors Name) will provide the E/CK CX	
I am the building owner or my NC state license number is	<u>った</u> , which entitles me to
perform such work on the above structure legally. All work shall compl	y with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Contractor's Company Name 1715 Black Rd. Rd. Rsnville, 102787/ Address 89082 License #	ZSZ-8/9-/9/66 Telephone Email Address
Structure Owner / Contractor Signature:	, ,

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